

Case Number:	CM14-0021156		
Date Assigned:	03/07/2014	Date of Injury:	08/30/2012
Decision Date:	07/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female with an 8/30/12 date of injury, when the patient attempted to lift a heavy object and felt pain in the upper back. Current medications include Advil and Sentra PM (per 11/13/13 note). 1/15/14 Note described ongoing posterior neck pain; headaches; lower back pain; right shoulder pain; and probable constipation from meds and/or stress. There remains reduced range of motion in the cervical and lumbar spine with tenderness. There was shoulder tenderness with positive Neers and O'Brien's on the right. Anaprox, Prilosec, Zanaflex, Norvasc, Altace, and Ultram were prescribed. 11/13/13 Note described posterior neck pain; headaches; lower back pain; right shoulder pain; and probable constipation from meds and/or stress. There were also complaints of hypertension that was aggravated by the injury, requiring her to take more medications. Poor control was documented. The patient also has posttraumatic anxiety, depression, and insomnia. Clinically, there was reduced range of motion in the cervical and lumbar spine; tenderness to palpation with hypertonicity. The patient was hypertensive with 140/90 BP. Diagnosis includes cervicobrachial syndrome; headaches; asymmetrical facet syndrome; spasms of muscles; sacroiliitis; probable constipation from meds and/or posttraumatic stress; shoulder tenosynovitis on the right; probably post traumatic hypertension; probable posttraumatic anxiety, depression, and insomnia. Acupuncture did not help and medications were ordered. Treatment to date has included acupuncture, activity modification, ESWT, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ANAPROX/NAPROXEN SODIUM 550MG 1 TAB 2X/DAY BEFORE MEALS FOR INFLAMMATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; NSAID.

Decision rationale: Medical necessity is not established for the requested NSAID. The patient is already prescribed Advil and it has not been discussed why multiple NSAIDs are necessary. Although CA MTUS states that NSAIDs are effective, they are generally not recommended for chronic use due to associated side effects. Efficacy has not been well discussed and date of injury is in 2012. ODG recommends NSAIDs for breakthrough pain and acute exacerbations. This has not been documented. Multiple NSAIDs may increase the risk for gastric side effects. Therefore, anaprox/naproxen sodium 550mg 1 tab 2x/day before meals for inflammation is not medically necessary and appropriate.

NORVASC/AMLODIPINE BESYLATE 5MG 1X/DAY BEFORE MEALS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment; Other Medical Treatment Guideline or Medical Evidence: FDA (Amlodipine).

Decision rationale: The patient had borderline hypertension with a BP of 140/90 and antihypertensive medication is medically reasonable. The patient is also prescribed Altace, an ACE inhibitor. However, the patient described poorly controlled BP. The prior request was modified to a month trial, in order to establish efficacy. In light of the poorly controlled BP, the request for Amlodipine is justified. Recommend certification.

PRILOSEC/OMEPRAZOLE 20MG 2X/DAY AS A PPI (PROTON PUMP INHIBITOR): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: The patient utilizes NSAIDs for pain control, which can increase the risk of gastritis. CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. This request was modified to Prilosec/Omeprazole 20mg 2x/day #60 in order to include pill number. This medication is found medically necessary. Prilosec/Omeprazole 20mg 2x/Day as a PPI (Proton Pump Inhibitor) is medically necessary and appropriate.

ATARAX/HYDROXYZINE 25MG 3X/DAY FOR POST TRAUMATIC HEADACHES AND ANXIETY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain Chapter; Other Medical Treatment Guideline or Medical Evidence: FDA (Atarax).

Decision rationale: Medical necessity for the requested Atarax/Hydroxyzine is established. The request is for Atarax/Hydroxyzine 25 mg tid for treatment for posttraumatic headaches and anxiety. The FDA states that Atarax is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. Dosage in adults can range from 50-100 mg q.i.d. for symptomatic relief of anxiety and tension. As the patient has meet guideline criteria and dosage is within accepted levels, the request is substantiated. ODG supports this medication to address chronic pain where there is an overlay of anxiety. Atarax/hydroxyzine 25mg 3x/day for post traumatic headaches and anxiety is medically necessary and appropriate.