

Case Number:	CM14-0021906		
Date Assigned:	05/09/2014	Date of Injury:	04/11/2008
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 Physician 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 injured worker is a 25-year-old female who reported an injury on 04/11/2008; the mechanism of injury was unclear within the medical records. The clinical note dated 02/10/2014 noted the injured worker complained of headache and recent gastritis and was also requesting a psychiatric medication refill. The diagnoses included depression, headache nonspecific, and anxiety. The treatment plan included continuation of the injured worker's prescribed medication, laboratory test for H. pylori IgG, CBC, CMP, and hemoglobin A1C. The Request for Authorization and rationale were not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIMETHICONE 125MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RxList.com, Antacid-Simethicone oral, Online database.

Decision rationale: The request for simethicone 125mg #90 is not medically necessary. Simethicone is a medication used to treat the symptoms of too much stomach acid such as stomach upset, heartburn, and acid indigestion. It is also used to relieve symptoms of extra gas such as belching, bloating, and feelings of pressure/discomfort in the stomach/gut. Within the clinical notes provided for review, there was lack of documentation indicating the injured worker had significant symptomatology related to gastritis or gas. It was unclear if the gastritis was due to medication or of another nature. Therefore, the request for simethicone 125mg #90 is not medically necessary.

ZANTAC 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines ANXIETY MEDICATION IN CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Zantac 150mg #60 is not medically necessary. The California MTUS guidelines recommend utilizing the following criteria to determine if the injured worker is at risk for gastrointestinal events; age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Within the clinical notes provided for review, there was lack of documentation indicating the injured worker had significant signs and symptoms of gastritis either due to medication side effects or of another nature. The clinical notes also lacked documentation of the injured worker having a history of peptic ulcer, GI bleed or perforation, or other risk factors to preclude to gastrointestinal issues. Therefore, the request for Zantac 150 mg #60 is not medically necessary.

LEXAPRO 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for Lexapro 20mg #120 is not medically necessary. The California MTUS guidelines indicate that Lexapro is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. Within the clinical notes, there was a lack of documentation detailing efficacy of the medication. Also, the requesting physician's rationale for the requested medication was not provided within the medical records. As such, the request for Lexapro 20 mg #120 is not medically necessary.