

Case Number:	CM14-0037367		
Date Assigned:	04/09/2014	Date of Injury:	11/25/2011
Decision Date:	08/27/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/04/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 51-year-old male who reported an injury on 11/25/2011 after moving bread. The injured worker reportedly sustained an injury to his cervical and lumbar spine. The injured worker's treatment history included multiple medications, cervical spine surgery, physical therapy, injection therapy, and psychological support. The injured worker was evaluated on 04/29/2014. It was noted that the injured worker had made no significant progress in symptom resolution and complained of constant neck pain, left shoulder pain and numbness, loss of bowel and bladder function, and depressive and anxiety symptoms. Physical findings included sensory deficits in the right lower extremity with decreased reflexes. It was noted that the injured worker was not a surgical candidate. The injured worker was evaluated on 04/25/2014 by the requesting provider. It was noted that the injured worker had continued complaints of anxiety and depression. It was noted that the injured worker reported improvements in mood with medications. The injured worker's treatment plan included continued medications and cognitive behavioral therapy and relaxation training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page 68-69.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of gastrointestinal protectants be supported by risk factors for developing gastrointestinal symptoms related to medication usage. The clinical documentation submitted for review does not adequately assess the injured worker's gastrointestinal system to support they are at continued risk for developing gastrointestinal symptoms related to medication usage. As such, the requested Omeprazole 20 mg #30 is not medically necessary or appropriate.

Wellbutrin XL 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the use of antidepressants for major depressive disorders. However, the clinical documentation submitted for review does not provide any evidence of functional benefit or symptom resolution resulting from medication usage. It is noted within the documentation that the injured worker reported better mood stabilization with medications. However, specific functional increases were not identified. Therefore, continued use of this medication would not be supported. As such, the requested Wellbutrin XL 300 mg #30 is not medically necessary or appropriate.