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| Case Number: | CM14-0047447 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 08/06/2011 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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 Internal 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 injured worker is a 36 year old male who reported to have sustained work-related injuries on 08/06/11. It is reported that he sustained a fracture on his left foot when an 800 pound object fell on his left foot metatarsals. No clinical records were submitted with this request. The history is derived from a utilization review determination dated 04/03/14. Per this document, the injured worker diagnosis included chronic regional pain syndrome. Treatment has included aquatic therapy physical therapy, stellate ganglion blocks, and pain medications. Last physical examination is reported to have been performed on 03/20/14. At this time, the injured worker reports a VAS of 9/10. He is reported to have been prescribed Cymbalta for depression which was diagnosed 2 years prior. He reports that Cymbalta does not help with insomnia. He is reported to have described insomnia on 03/20/14 in conjunction with marital struggles. Per the prior review, it is reported that it does not appear that the injured worker was taking non-steroidal anti-inflammatory drugs. It is reported that in case discussion with [REDACTED] the injured worker had failed a trial ?? (2:23) 9 years ago. He had a partial response to Cymbalta for depression and neuropathic pain, and Lyrica was helping him. He was not on opioids. He was not on NSAIDs as he could not tolerate them years ago due to stomach upset. He was started on Lexapro as a new medication for depression with his recent increase to stress and his marital problems as stressors. The record includes the utilization review determination dated 04/03/14 in which request for Famotidine 10mg 1 twice a day #60 1 refill was modified. A request for Lexapro 5mg 1 every day #30 with 1 refill was modified and a request for Lunesta 2mg at bedtime #30 with 2 refills was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 10 mg, one twice a day (BID), #60, five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69; 16; 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014 Pain Chapter, Insomnia Treatment; Physicians Desk Reference (PDR), 2014

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, Proton Pump Inhibitors

Decision rationale: The request for Famotidine 10 mg, one twice daily #60 with five refills is not supported as medically necessary. The submitted clinical record consists of a prior utilization review determination. No clinical records were submitted with this appeal. The record provides no supporting data which establishes that the injured worker has medication-induced gastritis for which this medication would be clinically indicated. In the absence of clinical records, medical necessity is not established.

Escitalopram Oxalate 5 mg, one once daily (QD), #30, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-68;16; 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014 Pain Chapter, Insomnia Treatment; Physicians Desk Reference (PDR), 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: The request for Escitalopram Oxalate 5 mg, once daily #30 with two refills is not supported as medically necessary. The record indicates the injured worker sustained a crush injury and subsequently developed CRPS. He is reported to have comorbid depression which has been treated with Cymbalta. The record does not provide any supporting documents establishing that the injured worker's depression has worsened to the extent that he requires the addition of an SSRI. In the absence of clinical information, the medical necessity for this request cannot be established.

Lunesta 2 mg, one at hour of sleep (QHS), #30, with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69; 16; 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014 Pain Chapter, Insomnia Treatment; Physicians Desk Reference (PDR), 2014

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, Insomnia Treatments

Decision rationale: The request for Lunesta 2 mg one at bedtime #30 with two refills is not supported as medically necessary. The submitted clinical records report that the injured worker has developed insomnia secondary to multiple stressors. The record does not indicate that the injured worker has undergone an evaluation to fully established the recause of his insomnia. Further per the Official Disability Guidelines, sleep aids should be of limited duration. One would expect a course of 2-3 weeks with the normalization of sleep the discontinuation of the medication. Givne the lack of submission of clinical information, medical necessity has not been established.