

Case Number:	CM14-0048424		
Date Assigned:	07/23/2014	Date of Injury:	08/01/2000
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/16/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 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 57-year-old female who reported an injury on 08/01/2000. The mechanism of injury was a slip and fall. The diagnoses include mild left C5 radiculopathy; mild to moderate left C7 radiculopathy; status post surgery to the cervical spine; cervicogenic, as well as vascular type chronic daily headaches; status post release of right carpal tunnel syndrome; mild to moderate left and mild right L5 radiculopathy; chronic myofascial pain syndrome; mild to moderate left and mild right L5 radiculopathy; chronic myofascial pain syndrome, cervical and thoracolumbar spine. Previous treatments include trigger point injections and medication. Within the clinical note dated 01/24/2014, it was reported the injured worker complained of constant neck and upper and lower back pain. She rated her pain 6/10 to 8/10 in severity. Within the physical examination, the provider noted the range of motion of the thoracic spine and lumbar spine was moderately restricted in all planes. The provider noted multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal and trapezius levator scapulae, scalene, infraspinatus muscles, thoracic and lumbar paraspinal musculature, as well as gluteal muscles. The provider requested mirtazapine for chronic pain, insomnia and depression; naproxen; omeprazole. However, the request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIRTAZAPINE 15 MG 2 TABLETS QHS #90 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13.

Decision rationale: The injured worker complained of constant neck, upper back, and lower back pain. She rated her pain 6/10 to 8/10 in severity. The California MTUS Guidelines recommend antidepressants as a first-line option for neuropathic pain. There is a lack of documentation indicating the injured worker was treated for or diagnosed with neuropathic pain. There is a lack of documentation indicating the medication had been providing objective functional benefit improvement. Therefore, the request is not medically necessary and appropriate.

Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13.

Decision rationale: The injured worker complained of constant neck, upper back, and lower back pain. She rated her pain 6/10 to 8/10 in severity. California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines also recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. There was a lack of documentation indicating the injured worker was treated for or diagnosed with osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2013 which exceeds the guideline's recommendations of short-term use. Therefore, the request is not medically necessary and appropriate.

Omeprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker complained of constant neck, upper back, and lower back pain. She rated her pain 6/10 to 8/10 in severity. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events

include over the age of 65, history of peptic ulcer, gastrointestinal bleed or perforation, and use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleed events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. It did not appear the injured worker is at risk for a gastrointestinal event. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary and appropriate.