

Case Number:	CM14-0091060		
Date Assigned:	07/25/2014	Date of Injury:	09/18/2006
Decision Date:	10/21/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 50-year-old female was reportedly injured on September 18, 2006. The most recent progress note, dated June 24, 2014, indicated that there were ongoing complaints of low back pain radiating to both lower extremities along with spasms and numbness and tingling in the lower extremities. The physical examination demonstrated less tenderness in the hips than prior. Spasms were noted along the lumbar spine paraspinal muscles and there was decreased range of motion secondary to pain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, cognitive behavioral therapy, lumbar spine surgery, work restriction, and oral medications. A request had been made for omeprazole, ibuprofen, mirtazapine, Pristiq, oxycodone, oxycodone/APAP and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole capsules 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 69.

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

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Ibuprofen 800mg #90 with 2 refills.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. Review of the medical records indicates that this medication helps decrease the injured employee's pain. Additionally, when noting the diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. Therefore the request for ibuprofen is considered medically necessary and appropriate.

Mirtazapine 45mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html>

Decision rationale: Mirtazapine is a medication used to treat depression and is also sometimes used concurrently as a sleep aid. A review of the medical records does not indicate a recent diagnosis of depression or difficulty sleeping. As such, this request for mirtazapine is not medically necessary.

Pristiq 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a608022.html>

Decision rationale: Pristiq is an antidepressant from the class of SNRI's. A review of the medical records does not indicate that the injured employee has been diagnosed with depression. As such, this request for Pristiq is not medically necessary.

Oxycodone 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,78,93.

Decision rationale: The California MTUS Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for oxycodone is not medically necessary.

Oxycodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: The California MTUS Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for oxycodone/APAP is not medically necessary.