

Case Number:	CM14-0093079		
Date Assigned:	07/25/2014	Date of Injury:	06/09/2007
Decision Date:	12/12/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/19/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained a head injury on June 9, 2007. Her current diagnoses includes major depression with anxiety and chronic pain syndrome. Her medications include paroxetine, zolpidem, lorazepam, omeprazole, ducolax, and tramadol. She has been prescribed omeprazole for symptoms of gastritis secondary to chronic use of antidepressants and tramadol. She has chronic constipation also attributed to antidepressants and tramadol for which Promolaxin has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 68, 84.

Decision rationale: The MTUS does not specifically address the use of proton pump inhibitors such as omeprazole for gastritis related to antidepressants or opioids. Gastritis is not listed among the side effects related to these drugs. Gastritis is a known side effect in certain individuals taking NSAID's. The MTUS is clear regarding specific risk factors for

gastrointestinal events including age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or and anticoagulant, or high dose/multiple NSAID. The record does not indicate this worker has these risk factors or is taking an NSAID. Furthermore the record does not include any signs or symptoms to suggest this worker has gastritis or is at risk for gastritis. Therefore omeprazole is not medically necessary.

Promolaxin 100mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Up To Date: Chronic Constipation in adults

Decision rationale: Promolaxin is a brand of docusate, a laxative. Constipation is a known side effect of both antidepressants and tramadol. The MTUS states that prophylactic treatment of constipation should be initiated when prescribing opiates but does not specifically state what the treatment should consist of. According to Up To Date the treatment of chronic constipation in adults should consist of patient education, dietary changes and bulk forming laxatives such as psyllium or methylcellulose. Docusate may be inferior to bulk forming laxatives. Promolaxin cannot be considered to be medically necessary in this case since there is no documentation that these first line measures have been implemented.