

Case Number:	CM14-0094387		
Date Assigned:	07/25/2014	Date of Injury:	11/01/2007
Decision Date:	12/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 underlying date of injury in this case is 11/01/2007. The date of the utilization review under appeal is 06/13/2014. The patient's diagnoses include chronic neck pain, bilateral upper extremity pain, right C5-C6 radicular pain, status post right carpal tunnel release April 2010, status post C4-5 and C5-6 facet injections in July 2009, status post right CMC joint arthritis surgery of 12/14/2011, insomnia, and depression. On 05/15/2014, the treating physician saw the patient in follow-up and noted the patient continued to have pain in the neck and somewhat in the upper extremities. Prozac was noted to help the patient's mood. Trazodone was noted to be a significant help with depression and sleep. Prilosec was noted to help the patient's gastrointestinal upset. Medications included Prilosec, Trazodone, and Prozac. The treating physician planned to continue the patient's medications. A physician review of 06/13/2014 noted that treatment guidelines did not recommend the use of SSRI antidepressants, such as Prozac, for the treatment of chronic pain and that there was no documentation of symptoms or diagnosis for which Prozac is indicated. That physician review also notes that the medical records do not document evaluation or diagnostic study results supporting the etiology of the patient's stated gastrointestinal upset. An agreed medical examination report of 12/11/2012 analyzes the patient's symptoms and medical history in detail. This report outlines in great detail the patient's specific gastrointestinal symptoms including heartburn, eventually treated Prilosec which helped her symptoms. The patient complained of epigastric pain in 2004 and upper endoscopy was negative. From 2004 through 2008, despite taking Prilosec, the patient reported daily symptoms of heartburn, worse with eating food that was red in color. The patient was started on Relafen in August 2008 which has continued through the present, and in August 2008 [REDACTED] increased her Prilosec dosage to 20 mg twice per day and her signs of gastrointestinal symptoms of

heartburn resolved completely. The agreed medical examiner concluded that overall the patient's multiple medications from that provider should be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20 mg #180 dispensed on 5/15/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors Page(s): 107.

Decision rationale: Prior physician review concludes that there is insufficient information to document the presence of a diagnosis for which Prozac is indicated. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on selective serotonin reuptake inhibitors, page 107, states that this class of medications may have a role in treating secondary depression. The medical records in this case do clearly indicate that this patient has both chronic pain and secondary depression and document that this patient has reported an improved mood while taking this medication. Therefore, the medical records and guidelines do support this request. This request is medically necessary.

Omeprazole 20 mg #90 dispensed on 5/15/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories and GI Symptoms Page(s): 68.

Decision rationale: A prior physician review concludes that the medical records do not contain sufficient information to document risk factors requiring gastrointestinal prophylaxis. However, an agreed medical examination in the medical record documents in great detail over a decade of gastrointestinal symptoms and multiple diagnostic studies and treatment attempts which have been done to address the patient's symptoms. This agreed medical examination report clarifies that the treating physician has also titrated the patient's dose of omeprazole specifically to improve symptoms of NSAID-related gastritis and that such dose titration has been effective. For these multiple reasons, this request for omeprazole is supported by the treatment guidelines. This request is medically necessary.