

Case Number:	CM14-0009163		
Date Assigned:	02/14/2014	Date of Injury:	07/29/2010
Decision Date:	03/13/2015	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 07/29/2010. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with cervalgia, cervical spine radiculopathy, left shoulder supraspinatus tendon tear, post traumatic migraine headaches, and depression. Treatment to date has included laboratory studies and medication history of Amitriptyline, Citalopram, Fluoxetine, Omeprazole, Zolpidem, Ibuprofen, Tramadol, and Flexeril. Currently, the injured worker has complaints of neck pain, shoulder pain, and occipital and parietal pain that he rates an eight out of ten, along with ringing in the left ear and a burning sensation to the eyes with headaches. The treating physician requested Omeprazole for medication safety, Flexeril for muscle spasms, and Citalopram for depression. On 12/30/2013 Utilization Review non-certified the prescriptions for Omeprazole 20mg, take one by mouth daily for a quantity of 30 times three; Flexeril 10mg, take one by mouth twice a day for a quantity of 60 times three; and Citalopram 10mg, take one by mouth daily for a quantity of 30 times three, noting the CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines, page 107, pages 68 to 69, and page 64 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30 X3: Upheld

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 NSAIDS against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck and left shoulder pain as well as headache all rated 08/10. The request is for OMEPRAZOLE 20MG #30 X3. Patient's diagnosis on 12/05/13 included cervicalgia, cervical spine radiculopathy, left shoulder supraspinatus tendon tear, post-traumatic headaches, and depression. Patient's medications include Ibuprofen, Omeprazole, Zolpidem, Fluoxetine, Amitriptyline, Citalopram, and Flexeril. Patient is to return to modified duty. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater is requesting Omeprazole to protect gastric mucosa. In this case, the prescription for Omeprazole was first mentioned in progress report dated 08/29/13. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Review of the medical records did not show history of GI symptoms, complaints, or issues such as GERD, gastritis or PUD for which a PPI may be indicated. The patient is under 65 years of age. Additionally, other than Ibuprofen 800mg TID, there was no record of other NSAID use or concurrent use of ASA, corticosteroids, and/or an anticoagulant. The patient does not present with an indication for Omeprazole. Therefore, the request IS NOT medically necessary.

FLEXERIL 10MG #60 X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck and left shoulder pain as well as headache all rated 08/10. The request is for FLEXERIL 10 MG #60 x3. Patient's diagnosis on 12/05/13 included cervicalgia, cervical spine radiculopathy, left shoulder supraspinatus tendon tear, post-traumatic headaches, and depression. Patient's medications include Ibuprofen, Omeprazole, Zolpidem, Fluoxetine, Amitriptyline, Citalopram, and Flexeril. Patient is to return to modified duty. MTUS page 63-66 states: "muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) recommend for a

short-course of therapy."Treater is requesting Flexeril for muscle spasm. Flexeril was first mentioned in progress report dated 08/29/13. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Flexeril as early as 08/29/13, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the request IS NOT medically necessary.

CITALOPRAM 10MG #30 X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs(SELECTIVE REUPTAKE INHIBITORS) Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental/stress chapter. Antidepressants for Treatment of MDD

Decision rationale: The patient presents with neck and left shoulder pain as well as headache all rated 08/10. The request is for CITALOPRAM 10 MG #30 x3. Patient's diagnosis on 12/05/13 included cervicalgia, cervical spine radiculopathy, left shoulder supraspinatus tendon tear, post-traumatic headaches, and depression. Patient's medications include Ibuprofen, Omeprazole, Zolpidem, Fluoxetine, Amitriptyline, Citalopram, and Flexeril. Patient is to return to modified duty.MTUS Guidelines are silent on Celexa specifically. ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects."Treater is requesting Citalopram for depression. In this case, the prescription for Citalopram was first mentioned in progress report dated 08/29/13 and the patient has received it consistently since then; however, per progress report dated, 08/29/13, the patient has specifically expressed that he continues to feel depressed, fatigued, and weak. The treater does not document whether or not this medication is doing anything for the patient. MTUS page 60 require documentation of pain and function when medications are used for chronic conditions. The request IS NOT medically necessary.