

Case Number:	CM14-0189148		
Date Assigned:	11/20/2014	Date of Injury:	01/08/2002
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 61-year-old female with a 1/8/02 date of injury, and status post left shoulder arthroscopic rotator cuff repair 1/14. At the time (11/3/14) of request for authorization for Omeprazole 40 MG daily, Effexor XR 300 MG a day, Abilify 15 MG at bedtime, and Ambien 10 MG every other night, there is documentation of subjective (significant pain and discomfort as well as mobility problems) and objective (cognitive functioning grossly intact, dysthymic mood) findings, current diagnoses (left upper tendinitis, left shoulder rotator cuff tendinitis), and treatment to date (physical therapy and medications (including Effexor XR, Abilify, Ambien, Norco and Omeprazole since at least 7/28/14)). 10/16/14 medical report identifies that according to the patient the 20 mg of Omeprazole are not helping enough with the gastrointestinal complaints. Regarding the requested Omeprazole 40 MG daily, there is no documentation of risk for gastrointestinal event. Regarding the requested Effexor XR 300 MG a day, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Effexor XR use to date. Regarding the requested Abilify 15 MG at bedtime, there is no documentation of schizophrenia, acute mania, or documentation that Abilify is being used as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. Regarding the requested Ambien 10 MG every other night, there is no documentation of insomnia and an intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40 mg daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton Pump Inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of left upper tendinitis, left shoulder rotator cuff tendinitis. However, despite non-specific documentation of gastrointestinal complaints, there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 40 MG daily is not medically necessary.

Effexor XR 300 mg a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants, and on Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of left upper tendinitis, left shoulder rotator cuff tendinitis. In addition, there is documentation of chronic pain. However, given medical records reflecting prescription for Effexor XR since at least 7/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Effexor XR use to date. Therefore, based on guidelines and a review of the evidence, the request for Effexor XR 300 MG a day is not medically necessary.

Abilify 15 mg at bedtime: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Mental Illness and Stress, Aripiprazole (Abilify).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of schizophrenia, acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder, as criteria necessary to support the medical necessity of Aripiprazole (Abilify). Within the medical information available for review, there is documentation of diagnoses of left upper tendinitis, left shoulder rotator cuff tendinitis. However, there is no documentation of schizophrenia, acute mania, or documentation that Abilify is being used as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. Therefore, based on guidelines and a review of the evidence, the request for Abilify 15 MG at bedtime is not medically necessary.

Ambien 10 mg every other night: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of left upper tendinitis. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least 7/14, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 10 MG every other night is not medically necessary.