

Case Number:	CM14-0192311		
Date Assigned:	11/26/2014	Date of Injury:	11/21/2007
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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, and is licensed to practice in New Jersey and New York. 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 injured worker is a 49 year-old female who was injured on 11/21/07. The patient complained of neck pain with radiation to left hand with numbness, tingling, and weakness. She had right lower back pain radiating to right leg. On exam, she had cervical and lumbar paraspinal muscle spasms, slightly decreased muscle strength of left upper extremity, and hyperesthesia in the right L5 dermatome. She was diagnosed with chronic neck pain, cervical radiculopathy, left occipital neuralgia, right shoulder pain, lumbar spine sprain, right lower extremity radiculopathy, anxiety and depression due to chronic pain and recurrent persistent de Quervain's disease of the right wrist. She had cervical epidural steroid injection on 8/8/11 with improvement and repeat injection on 8/30/12. She had an occipital nerve block on 5/6/13 with complete resolution and L4-5 and L5-S1 epidural steroid injection with 75% reduction. She had a repeat epidural steroid injection in 3/20/14 with temporary complete relief. She needed a repeat injection in 9/9/14 with 50% relief of symptoms. MRI of the cervical spine in 9/2014 showed C3-4 left neuroforaminal narrowing, C5-6 disc bulge with bilateral facet arthrosis and bilateral neuroforaminal narrowing, C6-7 lateral disc protrusion with facet arthrosis and moderate left neuroforaminal narrowing. Her medications included Gabapentin, Lunesta, Meloxicam, Hydroxyzine, Fioricet, Omeprazole, and Lexapro. With medications the patient was able to perform activities of daily living. The current request is for Lexapro and Omeprazole. Omeprazole was recommended for gastrointestinal symptoms caused by the anti-inflammatory Meloxicam and other anti-inflammatories, specifically "dyspepsia and significant GI discomfort" as per a 11/11/14 note. Lexapro was recommended by her pain psychologist for depression and pain, which has helped her depression and mood. She was undergoing psychotherapy sessions every other week as per a 11/13/2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Overturned

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

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

Decision rationale: The request is considered medically necessary. Omeprazole was recommended for gastrointestinal symptoms caused by the anti-inflammatory Meloxicam and other anti-inflammatories, specifically "dyspepsia and significant GI discomfort" as per a 11/11/14 note. As per MTUS guidelines, the treatment of dyspepsia secondary to NSAID therapy involves stopping the NSAID, switching to a different NSAID, or considering an H2-receptor antagonist or a PPI. The patient is taking Meloxicam currently and as per the chart, has tried other NSAIDs with similar side effects, so a PPI is reasonable to take. Therefore, the request for Omeprazole 20 mg #60 is medically necessary.

Lexapro 20 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16.

Decision rationale: The request is considered medically necessary. Lexapro was recommended by her pain psychologist for the treatment of depression and pain. The medication has helped her depression and mood. She was undergoing psychotherapy sessions every other week as per 11/13/2014 progress note. There were a few psychotherapy notes at the end of the chart that did not mention the use of Lexapro. However, documentation from her pain management physician states that her pain psychologist recommended the continued use of Lexapro as it had improved her mood. Therefore, request for Lexapro 20 mg #30 is medically necessary.