MAXIMUS Federal Services

Case Number:	CM14-0194027		
Date Assigned:	12/01/2014	Date of Injury:	10/09/2009
Decision Date:	01/16/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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, and is licensed to practice in Florida. 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 patient is an adult female with a date of injury of 10/9/2009. She has a diagnosis of depression and anxiety, hyperlipidemia, status post right shoulder arthroscopy surgery x 2 secondary to labrial tear and partial rotator cuff tear, adhesive capsulitis, probable left shoulder rotator cuff tear, status post left shoulder surgery, impingement syndrome, degenerative disc disease of the cervical spine, cervical radiculopathy, and mild carpal tunnel syndrome in the right wrist. Prior treatment has included right shoulder arthroscopic surgery x 2 (2/2010 and 11/2011,) left shoulder surgery 11/1/2013, physical therapy, psychological evaluation, epidural injection of the cervical spine, bilateral shoulder manipulation under anesthesia 8/8/2014, and medications. A 10/2014 progress note noted the following pertinent physical exam findings. Right shoulder flexion 110 degrees and Left shoulder flexion of 115 degrees and right and left shoulder abduction of 115 degrees. Upper extremity muscle strength was noted to be grossly at 3/5 strength. As of 7/21/2014 her work status was listed as temporary total disability. A utilization review physician did not certify requests for Buspar and Omeprazole. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 13-14.

Decision rationale: MTUS guidelines state regarding antidepressants, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a f irst-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto- Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks." Regarding this patient's case, she does have a history of Depression and Anxiety, but there is no documentation regarding the efficacy of Buspar for this patient. Therefore, this request is not medically necessary.

Omeprazole 20mg x30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitor

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

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. 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)." This patient does not have any of these documented gastrointestinal or cardiovascular risk factors. Likewise, this request for Omeprazole is not medically necessary.