

Case Number:	CM14-0201413		
Date Assigned:	12/11/2014	Date of Injury:	09/27/2008
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, 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:

This is a 39-year-old male with a 9/27/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/30/14 noted subjective complaints of low back pain. Objective findings included lumbar paraspinal tenderness with decreased range of motion. Diagnostic Impression: L5-S1 spondylolisthesis, medication-induced gastritis
Treatment to Date: medication management, spinal cord stimulator, lumbar fusion
A UR decision dated 11/18/14 denied the request for Prilosec 20 mg #60. There was prior approval for Prilosec #60 on 10/21/14 and there is no indication as to why there would be a need for overlapping prescriptions. It also denied Prozac 20 mg #60. Despite prior warning, the submitted record still lacks evidence of objective functional gains. It also denied Doral 15 mg #30. The guideline does not recommend this medication for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 10/31/14 Prilosec 20mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter. Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There is documentation of medication-induced gastritis and Prilosec use is warranted in this patient. However, prior UR review on 10/21/14 has already approved Prilosec 20 mg #60. It is unclear why an additional 60 pills would be necessary 1 week later. Therefore, the request for decision for (retro) DOS 10/31/14 Prilosec 20 mg #60 was not medically necessary.

(Retro) DOS 10/30/14 Prozac 20mg # 60: Upheld

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

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

Decision rationale: CA MTUS does not address this issue. ODG states that Prozac is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). However, in the documents available for review, there is no documentation of subjective or objective benefit derived from its use. Therefore, the request for decision for (retro) DOS 10/30/14 Prozac 20 mg #60 was not medically necessary.

(Retro) DOS 10/30/14 Doral 15mg# 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, there is no stated rationale for the use of benzodiazepines. Additionally, the guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. Especially in the absence of clear documentation of objective functional benefit obtained from its use, continued use of Doral cannot be

substantiated. Therefore, the request for decision for (retro) DOS 10/30/14 Doral 15 mg #30 was not medically necessary.