

Case Number:	CM15-0007286		
Date Assigned:	01/26/2015	Date of Injury:	12/09/2005
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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, Pain Management

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 47 year old female, who sustained an industrial injury on December 9, 2005. The diagnoses have included cervical facet arthropathy, lumbar facet arthropathy, fibromyalgia, depression, vitamin D deficiency, carpal tunnel syndrome bilateral status post carpal tunnel release. Treatment to date has included TENS unit, antidepressants, anti-seizure class, and pain medication are helpful, Magnetic resonance imaging of cervical spine on February 24, 2007, a 25 (OH)D laboratory test showed a level of 16 on December 20, 2013 and a Comprehensive Metabolic Panel was within normal limits. Currently, the injured worker complains of neck pain, low back pain that is aggravated by activity and walking, upper extremity pain, pain is bilaterally in the elbows, in the hands in the shoulders and in the wrist, lower extremity pain in the bilateral knees and feet. She reports frequent medication associated gastrointestinal upset and severe constipation with stool softener controls the symptoms. On December 16, 2014 Utilization Review non-certified a Ferrous sulfate 325mg quantity 30 tablets, Lansoprazole delayed release 30mg quantity 30 capsules and Metoprolol 25mg quantity 30 tablets noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 8, 2014, the injured worker submitted an application for IMR for review of Gabapentin 100mg quantity 90 capsules, Ferrous sulfate 325mg quantity 30 tablets, Lansoprazole delayed release 30mg quantity 30 capsules and Metoprolol 25mg quantity 30 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Ferrous Sulfate 325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682778.html>

Decision rationale: Regarding the request for ferrous sulfate, CA MTUS and ODG do not address the issue. The NIH notes that it is indicated in the treatment of iron-deficiency anemia. Within the documentation available for review, there is no current documentation of iron-deficiency anemia or another rationale for the use of this medication. In light of the above issues, the currently requested ferrous sulfate is not medically necessary.

30 Capsules of Lansoprazole Delayed Release 30mg: Upheld

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

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

Decision rationale: Regarding the request for lansoprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested lansoprazole is not medically necessary.

30 Tablets of Metoprolol 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/metoprolol.html>

Decision rationale: Regarding the request for metoprolol, CA MTUS and ODG do not address the issue. FDA indications include hypertension, angina pectoris, and myocardial infarction. Within the documentation available for review, there is no current documentation of symptoms/findings consistent with a condition noted above and evidence of efficacy from prior

use of the medication. In light of the above issues, the currently requested metoprolol is not medically necessary.