

Case Number:	CM15-0008413		
Date Assigned:	01/23/2015	Date of Injury:	04/03/2011
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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

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 29 year old male, who sustained an industrial injury on April 3, 2011. The diagnoses have included orbital floor (blow out) closed fracture and depressive disorder. Treatment to date has included ophthalmologist care, therapist for depression and oral pain medication. Currently, the injured worker complains of constant left eye pain, left peri-orbital swelling and can only see darkness out of the left eye, he is completely blind in the left eye for about a month and a half, there is numbness over the left side of his face under his left eye, he denies suicidal tendencies and reports depression is getting better. On November 25, 2014 the provider notes the injured worker has a depressed affect and his answers are short and sad appearing. On December 18, 2014 Utilization Review non-certified a Omeprazole 20mg quantity 60 and referral to psychiatrist for ongoing depression, noting, Official Disability Guidelines and American College of Occupational and Environmental Medicine was cited. On December 15, 2014, the injured worker submitted an application for IMR for review of Omeprazole 20mg quantity 60 and referral to psychiatrist for ongoing depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg # 60: 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): 69.

Decision rationale: The patient presents with constant left eye pain rated 7/10, blindness in the left eye, and peri-orbital swelling with associated numbness of the left cheek. The patient's date of injury is 04/03/11. Patient's surgical history related to this complaint was not provided. The request is for OMEPRAZOLE 20 MG #60. The RFA is dated 12/15/14. Physical examination dated 01/19/15 states: "His eye contact is poor. His answers are short and sad appearing. There was no eye contact during the entire interview." Tenderness to palpation noted over the left infraorbital region, patient is unable to raise left eyebrow. The patient is currently prescribed Norco and Butrans. Diagnostic imaging was not included with the reports provided. Patient is classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI, PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for Omeprazole, the reports provided indicate that this patient has been taking this medication since 11/25/14, though does not specifically discuss any GI symptoms at initiation. Most recent progress report dated 01/19/15 does not indicate that this patient is currently taking any NSAIDs. While PPI's such as Omeprazole are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy this patient is not currently prescribed any. Furthermore, there is no discussion of GI symptoms, pertinent examination findings, or other subjective GI complaints which would support continued use of this medication. Therefore, this request IS NOT medically necessary.

Referral to Psychiatrist for ongoing depression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Pain chapter, Psychological treatment, Psychotherapy

Decision rationale: The patient presents with constant left eye pain rated 7/10, blindness in the left eye, and peri-orbital swelling with associated numbness of the left cheek. The patient's date of injury is 04/03/11. Patient's surgical history related to this complaint was not provided. The request is for REFERRAL TO PSYCHIATRIST FOR ONGOING DEPRESSION. The RFA is dated 12/15/14. Physical examination dated 01/19/15 states: "His eye contact is poor. His answers are short and sad appearing. There was no eye contact during the entire interview." Tenderness to palpation was noted over the left infraorbital region, patient is unable to raise left eyebrow. The patient is currently prescribed Norco and Butrans. Diagnostic imaging was not

included with the reports provided. Patient is classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." ODG, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks - individual sessions-, if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The treater is requesting a referral to a psychiatrist for this patient's continuing depression following 5 completed sessions of therapy with a marriage and family therapist - M.F.T. MTUS guidelines recommend psychotherapy as an alternative to medications or surgical intervention, while ODG allows for up to 50 sessions for those with concurrent diagnoses of depressive disorder, provided there are demonstrable benefits. It appears that this patient has not been seen specifically by a psychiatrist, as the completed 5 sessions of cognitive behavioral therapy have been performed with a M.F.T. Therefore, further consultation with a medical doctor specifically trained in psychiatric treatment appears appropriate. Given the consistent and significant objective depression symptoms displayed secondary to this patient's medical condition, further consultation with a specialist could produce benefits. This request IS medically necessary.