

Case Number:	CM15-0102910		
Date Assigned:	06/05/2015	Date of Injury:	01/13/2000
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/28/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 67 year old male, who sustained an industrial injury on 1/13/00. He reported pain in his head, neck, upper back, shoulders and lower back. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and chronic pain syndrome. Treatment to date has included a urine drug screen and a home exercise program. Current medications include Morphine sulfate, Nucynta, Cymbalta, Flexeril, Gabapentin, Anaprox, Trazodone and Omeprazole (since at least 12/30/14). As of the PR2 dated 4/24/15, the injured worker reports he fell again 10 days ago and re-injured himself. He is walking with a cane and has pain in the head, neck, upper back and shoulder with radiation to both arms. He rates his pain 9/10 currently, 6/10 at best and 9/10 at worst. Objective findings include lumbar flexion is 40 degrees, extension is 10 degrees and lateral is 20 degrees bilaterally. There is also positive facet loading bilaterally and mild loss of lumbar lordosis. The treating physician requested Trazodone 50mg #30 and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin School of Nursing, Family Nurse Practitioner Program. Clinical guideline for the treatment of primary insomnia in middle-aged and older adults. Austin (TX): University of Texas at Austin, School of Nursing; 2014 May, 28 p. (The format of this guideline does not specify chapters or sections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." *Int J Psychiatr Nurs Res* 10(1): 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. In addition, there is no evidence of sleeping disorder (no mention of problems affecting the patient's ability or quality of sleep). There is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 50MG #30 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.