

Case Number:	CM15-0148667		
Date Assigned:	08/11/2015	Date of Injury:	09/24/2001
Decision Date:	09/09/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/31/2015

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 61-year-old female, who sustained an industrial injury on September 24, 2001. The initial symptoms reported by the injured worker are unknown. The injured worker was recently diagnosed as having post-lami syndrome - cervical, cervical spondylosis, cervical degenerative disc disease, occipital neuralgia, shoulder pain, tendinitis not otherwise specified, adhesive capsulitis of shoulder, carpal tunnel syndrome, headache, lateral epicondylitis, sleep disorder, depression and myofascitis. Treatment to date has included diagnostic studies, surgery, multiple injections, acupuncture treatment, psychotherapy and medication. Acupuncture treatment was reported to provide her with excellent results allowing her improved function and the decreased use of narcotics. On June 26, 2015, the injured worker complained of cervical pain that radiated to her shoulders and arms causing her to be extremely limited in what she was able to do physically. Her emotional state was noted to dramatically worsen when her pain worsens. Her depression has shown a partial response to her medication regimen because the pain cannot be totally relieved. The treatment plan included medication and psychotherapy. On July 8, 2015, Utilization Review non-certified the request for Buspirone 15mg #30 and Omeprazole 20mg #60, citing California MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Buspirone 15mg: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mazhar, M., T. Hassan and T. Munshi (2013).

Decision rationale: According to emedicinehealth, Buspirone is an anti-anxiety medicine that affects chemicals in your brain that may become unbalanced and cause anxiety. Buspirone is used to treat symptoms of anxiety, such as fear, tension, irritability, dizziness, pounding heartbeat, and other physical symptoms (Mazhar, Hassan et al. 2013). According to Mazhar paper, Buspirone is recommended in case of anxiety. In this case, the length of time the patient has been on Buspirone is unclear. In addition, there is no evidence of functional improvement with previous use of the medication. Therefore, the request for 30 tablets of Buspirone 15mg is not medically necessary.

60 tablets of Omeprazole 20mg: Upheld

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

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 Omeprazole. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for 60 tablets of Omeprazole 20mg is not medically necessary.