

Case Number:	CM15-0148700		
Date Assigned:	08/12/2015	Date of Injury:	03/10/2009
Decision Date:	09/09/2015	UR Denial Date:	07/30/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old female who sustained an industrial injury on March 10, 2009. The worker was employed as a machine operator. A primary follow up dated June 26, 2015 reported subjective complaint of having mild right shoulder pains. She states she is experiencing some improvement with home exercise program and current medication regimen. Objective findings showed spasm, tenderness and guarding to the right paravertebral musculature of both cervical and lumbar spine. The right shoulder has impingement and Hawkin's with range of motion on flexion and abduction over 120 degrees. Medications will be filled this visit as they are providing pain relief and improving functional status. The following diagnoses were applied: shoulder impingement; brachial neuritis or radiculitis not otherwise specified; shoulder region disorders not elsewhere classified and thoracic or lumbosacral neuritis or radiculitis. A psychological follow up visit dated January 06, 2015 reported subjective complaint of sadness, persistent grief over death of a mother and son, worry about persistent pain. Objective assessment found the worker appearing dysphoric, euthymic, fearful affect is: normal and she was administered moderate 25 and 23 under the diagnoses of shoulder impingement; sprains and strains of lumbar region; depressive disorder, and sleep disorder due to pain, insomnia type. She was deemed as permanent and stationary on June 19, 2015. Current medications at this time were: Simvastatin, Lisinopril, Citalopram, Naprosyn, and Omeprazole. A primary treating follow up visit dated May 01, 2015 reported the worker being status post rotator cuff repair with slow improvement of the right shoulder. Of note, she has experienced a right knee injury privately which is inflamed and preventing her from being able to walk. Medications were refilled this visit with no narrative description of medications. The treating diagnoses were sprains and strains of neck; olecranon bursitis, and sprains and strains of lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lexapro (escitalopram) 10mg #60 DOS 6/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Anxiety medications in chronic pain-Escitalopram.

Decision rationale: Retrospective Lexapro (escitalopram) 10mg #60 DOS 6/26/15SSR Is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that Escitalopram (Lexapro, no generic available) can be used for anxiety and is also approved for major depressive disorder. The MTUS states that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. Long-term effectiveness of anti-depressants has not been established. The documentation indicates that the patient has had prior depressive symptoms in January of 2015 but recent documentation does not indicate evidence of outcomes/efficacy or psychological assessment recommended by the MTUS therefore this request is not medically necessary.

Retrospective Prilosec (Omeprazole) 20mg #90 DOS 6/26/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, proton pump inhibitors (PPIs), NSAIDs, GI symptoms, cardiovascular risks.

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

Decision rationale: Retrospective Prilosec (Omeprazole) 20mg #90 DOS 6/26/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation states that the patient has gastritis from pain medications; however, the documentation does not clearly indicate that the patient meets the criteria for a proton pump inhibitor or has dyspepsia directly due to NSAIDs. Furthermore, the use of continued NSAIDs is not medically necessary in this patient therefore the request for Prilosec is not medically necessary.

Retrospective Relafen (nabumentone) 750mg #100 DOS 6/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Retrospective Relafen (nabumetone) 750mg #100 DOS 6/26/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDS for an extended period. The request for continued NSAID use is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDS and may compromise renal function. The recent documentation does not reveal specific objective evidence of efficacy from this medication therefore the request for Relafen is not medically necessary.