

<b>Case Number:</b>	CM15-0169843		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on 11-1-07. The injured worker was diagnosed as having chronic neck pain and bilateral upper extremity pain, right C5-6 radicular pain, cervical disc herniation, carpal tunnel syndrome on the right (status post right carpal tunnel release on (4-7-10), CMC joint arthritis, insomnia, depression and chronic cervicogenic migrainous headaches. Treatment to date has included oral medications including Nexium 40mg, Trazodone 100mg, Prozac 20mg, Neurontin 300mg and Treximet, right carpal tunnel release, activity modifications. On 6-18-15 and on 8-13-15, the injured worker complains of ongoing neck pain with radicular symptoms down her upper extremities. On 8-13-15 she rated the pain 10 out of 10 without medications and 7 out of 10 with medications. She notes Treximet helps significantly with headaches, Trazodone helps with sleep and Neurontin helps with radicular symptoms and relieves the numbness and tingling by greater than 60%. On 6-18-15, she noted Nexium helped prevent gastrointestinal upset s she gets stabbing pain and heartburn in the epigastric area. She is currently not working. Objective findings on 8-13-15 noted ongoing tenderness to cervical paraspinal muscles. A request for authorization was submitted on 8-20-15 for Nexium 40m #60, Trazodone 100mg #60, Prozac 20mg #60, Neurontin 300mg #90 and Treximet #9. On 8-28-15, utilization review non-certified prescription refills for Nexium 40mg noting there is no documentation of gastrointestinal complaints for gastrointestinal risks for the injured worker nor is she taking an NSAID (non-steroidal anti-inflammatory drug) and Prozac 20mg noting the guidelines do not recommend SSRI antidepressants such as Prozac for the treatment of chronic pain and there is no documentation of

an evaluation or diagnosis for which Prozac is prescribed nor is there any documentation of symptomatic benefit or functional improvement from its use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nexium 40 mg #60 with 2 refills:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below - Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI.. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.

**Prozac 20 mg #60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, depression.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of depression. The patient has documented depression and therefore the request is medically necessary.

