

Case Number:	CM15-0181983		
Date Assigned:	09/23/2015	Date of Injury:	10/23/1997
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 10-23-97. She reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy, spinal or lumbar degenerative disc disease, and low back pain. Treatment to date has included physical therapy, massage, lumbar epidural steroid injections, TENS, and medication. The injured worker had been taking Lexapro and Prilosec since at least June 2015. On 8-14-15 the physician noted pain doesn't interfere with sleep, concentration, mood, work, and recreation or family functions. No abdominal pain, heartburn, nausea, or vomiting was noted. The injured worker had no history of heart disease, hypertension, gastritis, or ulcers. The injured worker was noted to have had a flat affect. Currently, the injured worker complains of low back pain, right lower extremity pain, and right foot pain. The treating physician requested authorization for Lexapro 10mg #30 with 1 refill and Prilosec DR 20mg #30 with 1 refill. On 8-26-15 the requests were non-certified. Regarding Lexapro, the utilization review (UR) physician noted "there had not been a diagnosis for major depressive disorder." Regarding Prilosec, the UR physician noted "based on the guidelines and lack of history of cardiovascular and gastrointestinal complaints, the prospective request for one prescription of Prilosec DR 20mg #30 with 1 refill is recommended non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lexapro 10mg, #30 with 1 refill: 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), Mental Illness & Stress, Escitalopram (Lexapro).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: 1 prescription for Lexapro 10 mg #30 with 1 refill is not medically necessary. Ca MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Zoloft is a selective serotonin reuptake inhibitor. Per Ca MTUS SSRIs is a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. It is been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed Tricyclics which is recommended by Ca MTUS as first line therapy.

1 prescription for Prilosec DR 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: Prilosec DR 20mg #30 with 1 refill is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Prilosec is therefore, not medically necessary.