

Case Number:	CM15-0189647		
Date Assigned:	10/28/2015	Date of Injury:	10/28/1996
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/25/2015

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

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:

This 51-year-old female sustained an industrial injury on 10-28-96. Documentation indicated that the injured worker was receiving treatment for major depression with anxiety and insomnia due to chronic pain and stress. The injured worker was receiving ongoing care with psychotherapy and medication management. In a PR-2 dated 11-25-14, the injured worker was "extremely" anxious and "showed signs of serious depression". The injured worker reported feeling "betrayed" by her former employer and stated that she could not feel safe since her dismissal. The treatment plan included continuing psychotherapy. In a PR-2 dated 12-16-15, the injured worker reported feeling better; however, when the subject of her work came up the injured worker broke into tears. The physician stated that the injured worker was doing better but could not talk about work because she became too overwhelmed. In a PR-2 dated 2-19-15, the injured worker reported deep sadness and grief over the recent loss of her mother. Physical therapy was tearful throughout the session. The injured worker reported having "to be brave and go through the motions to get by each day". In a Pr-2 dated 2-20-15, the injured worker reported that she found the current prescription. The injured worker reported that Wellbutrin provided improvement in focus, drive, motivation and mood but was still suboptimal. The injured worker was comfortable with Ativan and stated that Neurontin and Omeprazole were sufficient. The injured worker had been prescribed Omeprazole, Ativan and Gabapentin since 6-27-14. The treatment plan included continuing medications and increasing the dosage of Ativan. On 9-22-15, Utilization Review noncertified a request for Omeprazole 20mg #60, Lorazepam .5mg #120 and Gabapentin 300mg #330 (DOS: 2-20-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole #60 (DOS: 02/20/15): 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was no information found in the worker's medical history or otherwise to suggest she was at an elevated risk for gastrointestinal events to warrant daily ongoing use of omeprazole. Therefore, without a more clear indication for this medication and considering the significant side effect profile with chronic use, the omeprazole will be considered medically unnecessary. Weaning may be indicated.

Retrospective request for Lorazepam .5mg (DOS: 02/20/15): 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): Benzodiazepines.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, lorazepam was prescribed and used daily for "panic/anxiety." However, there was very limited reporting regarding how effective this medication was. It was noted that the worker was "comfortable" with this medication and its dose and frequency, however no report on functional gain was included in the notes. Regardless, this medication is generally discouraged from chronic regular use and there was insufficient evidence presented which might suggest this case would be an exception to these Guidelines. In addition, the request did not include a number of pills. Therefore, considering the above reasons, this request for lorazepam will be considered medically unnecessary.