

Case Number:	CM15-0204208		
Date Assigned:	10/21/2015	Date of Injury:	06/17/2011
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/17/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old male, who sustained an industrial injury on 6-17-11. The injured worker was diagnosed as having depressive disorder not otherwise specified with a post-concussive syndrome psychological factors affecting medical condition. Subjective findings (9-3-15) indicated difficulty getting and staying asleep and diminished self-esteem. The injured worker reported being able to concentrate better, less headaches, less panicky and able to get along better. Objective findings (9-3-15) revealed emotional withdrawal. Treatment to date has included Buspar, Prozac, Adderall, Omeprazole and Prosom. The Utilization Review dated 9-22-15, non-certified the request for Omeprazole 20mg #30 and Prosom 2mg #30 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 30: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 68 of 127 In this case, the claimant was injured four years ago. The diagnosis was a depressive disorder and a post concussive syndrome. There is mention of difficulty getting to sleep, but the degree and depth of insomnia is not mentioned. There is no mention of gastrointestinal issues. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. Also, there is no mention of gastrointestinal issues. The request is not medically necessary based on MTUS guideline review.

Prosom 2 mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Insomnia medicines and under Benzodiazepines.

Decision rationale: In this case, the claimant was injured four years ago. The diagnosis was a depressive disorder and a post concussive syndrome. There is mention of difficulty getting to sleep, but no mention of gastrointestinal issues. This is a request for Prosome. It appears it is a benzodiazepine based sleep aid. The MTUS is silent on this medicine. The ODG notes regarding sleeping medicines, only short-term use is advocated due to tolerance and addictive effects long-term. The ODG notes: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In regards to benzodiazepines in general, the current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long-term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline. In this case, the degree, type and depth of insomnia is not known. The request is not medically necessary.