

Case Number:	CM15-0213554		
Date Assigned:	11/03/2015	Date of Injury:	02/09/2014
Decision Date:	12/22/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/30/2015

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, New York, 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 applicant is a represented 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 9, 2014. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for omeprazole, Zipsor, and Pamelor. A September 21, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 21, 2015 office visit, the applicant reported ongoing issues with chronic low back pain, 5-8/10. The applicant was using Lidoderm, Motrin, Norco, and Vicodin, the treating provider reported. Permanent work restrictions were renewed. Omeprazole was endorsed on the grounds that the applicant had developed dyspepsia associated with medication consumption. Zipsor was apparently endorsed for a flare of pain complaints. Pamelor was endorsed for neuropathic pain complaints, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Overturned

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: Yes, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, as was reportedly present here on or around the date in question, September 21, 2015. The applicant developed dyspepsia associated with NSAID consumption on that date, the treating provider reported. The introduction of omeprazole was indicated to ameliorate the same. Therefore, the request was medically necessary.

Zipsor 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: The request for Zipsor (diclofenac), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Zipsor (diclofenac) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, portions of the September 21, 2015 office visit stated that the applicant was already using one anti-inflammatory medication, ibuprofen. The attending provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate anti-inflammatory medications, Zipsor and ibuprofen. Therefore, the request was not medically necessary.

Nortriptyline: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Finally, the request for nortriptyline (Pamelor), an SSRI antidepressant, was medically necessary, medically appropriate, and indicated here. The request in question was framed as a first-time request for nortriptyline (Pamelor) on September 21, 2015. Page 13 of the MTUS Chronic Pain Medical Treatment Guidelines notes that antidepressants such as

nortriptyline (Pamelor) do represent the first-line option for neuropathic pain, as was present here in the form of the applicant's ongoing issues with lumbar radicular pain complaints. The introduction of nortriptyline (Pamelor) was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.