MAXIMUS Federal Services

Case Number:	CM15-0035076		
Date Assigned:	03/03/2015	Date of Injury:	06/05/2012
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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 66-year-old [redacted] beneficiary who has filed a claim for chronic wrist pain, hand pain, carpal tunnel syndrome, neck pain, hand arthritis, and alleged irritable bowel syndrome (IBS) reportedly associated with an industrial injury of June 26, 2012. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve requests for a gastroenterology consultation, omeprazole, cyclobenzaprine, and a psychiatric referral. The claims administrator referenced an RFA form and associated progress note of January 14, 2015 in its determination. The claims administrator referenced non-MTUS Chapter 7 ACOEM Guidelines in its denial and, furthermore, mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported having recently been hospitalized for ischemic colitis, which the applicant attributed to her industrial injury. The applicant stated that she had ongoing issues with irritable bowel syndrome, including intermittent constipation and diarrhea. The applicant was reportedly using Ambien, Flexeril, Zantac, Ativan, and melatonin. The applicant stated that she had stopped using Norco. The applicant reported ongoing issues with anxiety. The applicant was off of work and receiving both Workers' Compensation indemnity benefits and disability benefits, it was acknowledged. A gastroenterology consultation, psychiatric evaluation, and continued treatment with Ativan were suggested. The applicant's permanent work restrictions were renewed, as were omeprazole and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Gastroenterology: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Yes, the request for a consultation with gastroenterology was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant has developed and/or alleged issues with ischemic colitis and irritable bowel syndrome. The applicant's primary treating provider (PTP), a pain management physician, is likely ill-equipped to address issues and/or allegations of irritable bowel syndrome and/or ischemic colitis. Obtaining the added expertise of a gastroenterologist was, thus, indicated. Therefore, the request was medically necessary.

Omeprazole Cap 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Conversely, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the January 13, 2015 office visit at issue. The applicant's GI issues included ischemic colitis and/or irritable bowel syndrome, the treating provider stated. It did not appear, thus, that the applicant had any active issues with reflux, heartburn, and/or dyspepsia on or around the date in question, January 13, 2015. Therefore, the request was not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Ativan, Ambien, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue implies chronic, long-term, and/or daily usage. Such usage, however, represents treatment in excess of the 'short course of therapy' for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Psychiatric Evaluation and Treatment for Psychotropic Medication Lorazepam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for a psychiatric evaluation and treatment to include the psychotropic medication lorazepam (Ativan) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as lorazepam (Ativan) are indicated for 'brief periods' in cases of overwhelming symptoms, in this case, however, the attending provider has acknowledged that the applicant was/is using Ativan on a long-term basis. Such usage, however, is incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.