

Case Number:	CM15-0045088		
Date Assigned:	03/17/2015	Date of Injury:	06/27/2011
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old female, who sustained an industrial injury on 6/27/2011. She was diagnosed as having failed cervical neck surgery syndrome status post C3-7 fusion, cervicgia/cervical radiculopathy, migraine headaches, reactive depression, myofascial pain and shoulder pain. Treatment to date has included physical therapy, exercise, medications, surgical intervention, counseling, Rhizotomy, rest, cervical epidural, diagnostics and consultations. She underwent C3-4 5-6 and 6-7 fusion surgery in 2012. Per the most recent progress report dated 11/11/2014 the injured worker reported persistent neck, head, upper back, right shoulder, both hands and left foot pain. Her pain averages 7/10 over the past year. She states "My emotions are out of control with depression and suicidal thinking" and "I want off opiates I've been on them too long." Physical examination findings are not provided. The plan of care included medication refills, detoxification program and substance dependence treatment. On 12/04/2014, there is a request for continuation of treatment for detoxification. On 2/09/2015, authorization was requested for Omeprazole 20mg #60, Celexa 20mg #30, and Anaprox 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 97-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 with no refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are right shoulder pain, cervical spondylosis status both failed surgical fusion; and depression and chronic pain. A qualified medical examination (QME) dated October 20, 2014 lists the current medications as OxyContin, Percocet, Xanax, Fioricet and Pepcid for G.I. discomfort. The injured worker presented to an orthopedist for an initial evaluation on February 9, 2015. There are multiple physicians in the medical record and the rationale behind a new orthopedic surgeon is unclear based on the progress note documentation dated February 9, 2015. In the progress note dated February 9, 2015 from the treating orthopedist, the current medication section states: "No current medications." This new orthopedic surgeon prescribed Anaprox 550 mg and Omeprazole 20 mg. There is no documentation of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. The QME noted Pepcid was given for dyspepsia. The guidelines indicate dyspepsia may be treated by discontinuation of non-steroidal anti-inflammatory drugs and continuing H2 receptor blockers. There is no documentation in the medical record indicating the Pepcid was ineffective. Consequently, absent clinical documentation with risk factors or comorbid conditions/past medical history compatible with risk factors for gastrointestinal events, Omeprazole 20 mg #60 with no refills is not medically necessary.

Anaprox 550 mg #60, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550 mg #60 with no refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of

pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are right shoulder pain, cervical spondylosis status both failed surgical fusion; and depression and chronic pain. A qualified medical examination (QME) dated October 20, 2014 lists the current medications as OxyContin, Percocet, Xanax, Fioricet and Pepcid for G.I. discomfort. The injured worker presented to an orthopedist for an initial evaluation on February 9, 2015. There are multiple physicians in the medical record and the rationale behind a new orthopedic surgeon is unclear based on the progress note documentation dated February 9, 2015. In the progress note dated February 9, 2015 from the treating orthopedist, the current medication section states: "No current medications." This new orthopedic surgeon prescribed Anaprox 550 mg and Omeprazole 20 mg. There is no documentation of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. The QME noted Pepcid was given for dyspepsia. The guidelines indicate dyspepsia may be treated by discontinuation of non-steroidal anti-inflammatory drugs and continuing H2 receptor blockers. There is no documentation in the medical record indicating the Pepcid was ineffective. The documentation is unclear as to whether the new orthopedic surgeon was aware the injured worker is taking other medications including OxyContin, Percocet, Xanax, Fioricet and Pepcid. The medication section indicated no medications. There is no indication or documentation in the medical record of opiate weaning or other documentation indicating the opiates, benzodiazepines and Fioricet were discontinued. Consequently, absent clinical documentation showing the opiates, benzodiazepines and Fioricet were discontinued, Anaprox 550 mg #60 with no refills is not medically necessary.