

<b>Case Number:</b>	CM15-0051990		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old female who reported an injury on 02/06/2003. The mechanism of injury was not specifically stated. The current diagnoses include lumbar post laminectomy syndrome, lumbar disc displacement without myelopathy, and pain in a joint of the lower leg. The injured worker presented on 02/24/2015 for a followup evaluation. It was noted that the injured worker was status post right upper extremity surgery on 02/10/2015 to include a right CMC arthroplasty, MCP arthrodesis and De Quervain's release. The injured worker was also scheduled for a lumbar epidural steroid injection. The injured worker reported left sided leg pain, spasm and difficulty ambulating. A prior lumbar epidural steroid injection on 01/20/2015 provided 50% pain relief. The current medication regimen includes Lexapro, Protonix, Norco, morphine sulfate, lisinopril, and metoclopramide. Upon examination, there was 10 degree lumbar extension, 40 degree lumbar flexion, decreased sensation in the L5-S1 dermatome, and spasm with guarding in the lumbar spine. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Escitalopram (Lexapro).

**Decision rationale:** The Official Disability Guidelines states Lexapro is recommended as a first line treatment option for major depressive disorder and PTSD. The injured worker does not maintain either of the abovementioned diagnoses. It is also noted that the injured worker has utilized the above medication since 11/2014 without mention of functional improvement. There was no comprehensive psychological examination provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Protonix DR 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain Chapter, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the medical necessity has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. There is

also no frequency listed in the request. As such, the request is not medically appropriate at this time.

**Morphine Sulfate ER 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate at this time.