

Case Number:	CM14-0107796		
Date Assigned:	08/01/2014	Date of Injury:	08/19/2000
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old female who sustained an injury on 08/19/00 when she was grabbed by a client around the neck causing pain. The injured worker has been followed for constant chronic neck pain that has been severe. The injured worker did report some improvement with medications with pain scores reduced from 8 to 6/10 in severity. Medications have included Norco 5/325mg daily, Effexor XR 75mg, Nexium 40mg daily, BuSpar 5mg daily and Seroquel 25mg daily. The injured worker did report a substantial amount of improvement with acupuncture treatment. As of 07/15/14 the injured worker reported pain at 7/10 in severity. The injured worker demonstrated a tearful affect during the evaluation due to frustration. There was ongoing pain in the cervical region with facet loading. The injured worker did have prior side effects with Cymbalta but reported benefits with Effexor. The injured worker was reported as having increased function with medication and had a history of gastroesophageal reflux disease with medication use. The requested medications were denied on 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40 mg # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter - Proton Pump Inhibitors

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In regards to the use of Nexium 40mg quantity 30, this reviewer would have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Per the provided documentation, the injured worker had a known history of prior gastroesophageal reflux disease (GERD) symptoms with medication use. This had been followed by other providers. Given the injured worker's extensive history of medications, the use of a proton pump inhibitors to address GERD side effects from medications would be medically necessary and standard of care.

Buspar 5 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Barbiturate Containing Analgesics

Decision rationale: In regards to the use of BuSpar 5mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Current evidence based guidelines do not recommend the use of this class of medications do to the lack of evidence regarding their long term efficacy and the concerns for dependency and abuse. Therefore, this reviewer would not recommend this medication as medically necessary.

Seroquel # 25 mg # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Chapter

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, Atypical Antipsychotics

Decision rationale: The injured worker is noted to have had a significant history of concurrent depression related to chronic pain that was being well controlled with this medication in conjunction with Effexor. This reviewer would not have recommended discontinuation of an anti-psychotic when there was indication of mood stabilization with the medication. Furthermore, there are known significant risk factors with discontinuing this class of medication without a proper weaning period. Therefore this reviewer would recommend this medication as medically necessary.

Effexor 75 mg # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Mental Illness and Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: In regards to the use of Effexor 75mg quantity 60, this reviewer would have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker is noted to have had a significant history of concurrent depression related to chronic pain that was being well controlled with this medication in conjunction with Seroquel. This reviewer would not have recommended discontinuation of an antidepressant when there was indication of mood stabilization with the medication. Furthermore, there are known significant risk factors with discontinuing this class of medication without a proper weaning period. Therefore this reviewer would recommend this medication as medically necessary.