

Case Number:	CM14-0114948		
Date Assigned:	08/04/2014	Date of Injury:	11/01/1995
Decision Date:	10/08/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 1, 1995. In a Utilization Review Report dated June 24, 2014, the claims administrator denied a request for Prilosec and Pristiq. The claims administrator suggested that the applicant was using Pristiq for pain purposes and ongoing usage of the same had not proven efficacious. The claims administrator stated that there is no history of reflux evident here. The applicant's attorney subsequently appealed. In a July 7, 2013 progress note, the applicant reported persistent complaints of pain, 7/10. The applicant's pain was as high as 10/10 without medications, it was acknowledged. Multifocal shoulder, wrist, low back, and right leg pain were noted. The applicant was asked to continue Opana, Pristiq, Fluoroflex, Theramine, Prilosec, and Sentra. It was stated that the applicant was using Prilosec for acid reflux purposes. It was not clearly stated for what purpose Pristiq was being employed, although one of the listed diagnoses included "chronic pain-related depression." In an earlier note dated May 20, 2014, it was stated that the applicant had just received Pristiq. It was stated that the applicant should continue Prilosec for acid reflux purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Prilosec 20 mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has reported issues with stand-alone dyspepsia on several progress notes, referenced above. By analogy, continuing Prilosec for the same is indicated. Accordingly, the request is medically necessary.

One prescription for Pristiq 100 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 & stress, Desvenlafaxine (Pristiq)

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

Decision rationale: Contrary to what was suggested by the claims administrator, the applicant was using Pristiq for depression purposes. Pristiq represents a recent introduction. Pristiq was apparently introduced in late May/early June 2014. As noted on page 402 of the ACOEM Practice Guidelines, antidepressants such as Pristiq often take "weeks" to exert the maximal effect. Continuing the same, on balance, is therefore indicated to try and ameliorate the applicant's reported issues of pain-induced depression. Therefore, the request is medically necessary.