MAXIMUS Federal Services

Case Number:	CM14-0128322		
Date Assigned:	08/15/2014	Date of Injury:	06/20/2006
Decision Date:	10/08/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 43-year-old male who reported injuries stemming from a motor vehicle accident on 06/20/2006. On 05/07/2014, his diagnoses included shoulder pain, cervical pain, and lumbar radiculopathy. His medications included Norco 10/325 mg, Zegerid 40 mg, Lexapro 20 mg, and Lunesta 3 mg. The rationale for the requested medications was that regarding the Norco, this injured worker stated that it decreased his pain from 9/10 to 5/10. He noted that without Norco he had poor function and decreased activity tolerance. With the medication, his sitting and standing tolerances are increased from 20 to 45 minutes. The medication also allowed him to exercise and walk his dog, increasing from 20 minutes to 40 minutes a day. The medication also allowed him to perform household activities including laundry, cooking, and yard work. Regarding Lexapro, which was prescribed for his mood, the injured worker stated that this significantly helped his mood. Without the medication, he was very irritable and it negatively affected his relationship with his wife. The Zegerid, which is omeprazole, was for GI complaints. He had complained of GI symptoms which were exacerbated by his medication use. The omeprazole cut down his acid reflux, regurgitation, and irritation in his throat. A Request for Authorization dated 05/16/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 40mg #30: Upheld

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 (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for omeprazole DR 40 mg #30 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include omeprazole, may be recommended, but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if the patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses, although he did have symptoms, nor did he meet any of the qualifying criteria for risk factors for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for omeprazole DR 40 mg #30 is not medically necessary.

Norco 10/325 mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg #150 with 1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation submitted regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #150 with 1 refill is not medically necessary.

Lexapro 20mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Antidepressants

Decision rationale: The request for Lexapro 20 mg #60 with 1 refill is not medically necessary. The California ACOEM Guidelines suggest that courses of antidepressants may be helpful to alleviate symptoms of depression. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Longstanding character issues, not depression, may be the underlying issue. Given the complexity and ever-increasing effectiveness of available agents, referral for a medication evaluation may worthwhile. The Official Disability Guidelines recommend antidepressants, although not generally as a stand alone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients as well as chronic headaches associated with depression. Combined therapy including antidepressants plus psychotherapy was found to be more effective than psychotherapy alone. There was no evidence in the submitted documentation that this injured worker was being treated concurrently with psychotherapy as well as an antidepressant agent. Additionally, the request did not include frequency of administration. The clinical information submitted failed to meet the evidence based guidelines for continued use of an antidepressant. Therefore, this request for Lexapro 20 mg #60 with 1 refill is not medically necessary.