

Case Number:	CM14-0137715		
Date Assigned:	09/05/2014	Date of Injury:	01/05/2005
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation, 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 56-year-old female who sustained an injury on 01/05/05. She complains of ongoing neck pain, sharp back pain, difficulty ambulating, weakness of the lower extremities and depression. On exam, c-spine ROM is flexion 40 degrees, and extension 40 degrees. L-spine ROM is flexion 40 degrees, extension 10 degrees. SLR and Phalen's test were positive. MRI showed a well-positioned segmental hardware at L3-S1, and a small degree of lateral foraminal narrowing at L5-S1. A CT scan of her neck back in 2012 shows evidence of pseudarthrosis and loosened hardware at C5-6 and C6-C7. She had an anterior lumbar fusion on 02/14/13 and a decompression and fusion posteriorly from L5 to S1 on 02/19/13. Current medications include Lyrica and diclofenac. Past treatments have included cognitive behavioral therapy and stress management for symptoms of depression and anxiety with only minimal improvement. She was on Zoloft in December 2013 and it is unclear if she has been switched to Sertraline from Zoloft recently. Duration of prior use of Sertraline and the response is unknown. Also, she had an Epidural steroid injection. Diagnoses included cervical strain, status post cervical fusion with ongoing symptoms, status post anterior-posterior lumbar fusion with residuals, carpal tunnel symptoms, depression and high blood pressure., The request for Sertraline 100 mg tb #90, Nexium 40mg cap #180, Cyclobenzaprine 10mg tab #90 were denied on 08/12/14 due to lack of medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 100mg tb #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG 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), pain

Decision rationale: Per ODG, Sertraline is a SSRI antidepressant that is recommended as a first-line treatment option for Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, not recommended for mild symptoms. In this case, the IW is noted to have depression. However the severity of depression has not been specified, as there is no diagnosis of MDD. Furthermore, there is no documentation of any significant improvement with its use. Therefore, the request is not medically necessary.

Nexium 40mg cap #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation ODG Pain Chapter, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , PPI, Page(s): 68.

Decision rationale: As per CA MTUS guidelines, Nexium is a proton pump inhibitor that is recommended for patients at intermediate risk for gastrointestinal events or NSAIDs induced dyspepsia. Where it says, a trial of omeprazole or lansoprazole is recommended before Nexium therapy. According to the CA MTUS, "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose / multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, there is no evidence of dyspepsia unresponsive to stopping or switching to another NSAID. There is no documentation indicating that the IW is at risk for GI events. Chronic use (one year) of PPIs is not recommended due to risk of hip fracture. Therefore, the request is not medically necessary in accordance with the CA MTUS guidelines.

Cyclobenzaprine 10mg tab #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of substantial spasm to warrant antispasmodic therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Cyclobenzaprine on an ongoing basis; however, no significant improvement in pain or function has been documented. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the request for Cyclobenzaprine is not medically necessary.