MAXIMUS Federal Services

Case Number:	CM14-0140118		
Date Assigned:	09/08/2014	Date of Injury:	04/01/2007
Decision Date:	10/10/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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 Illinois. 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 65-year-old female who reported injury on 04/01/2007 due to an unspecified mechanism of injury. The injured worker complained of hand and shoulder pain along with neck pain. The injured worker had diagnoses of discogenic cervical condition, impingement syndrome bilaterally, carpal tunnel syndrome bilaterally, CMC joint inflammation, and gastrointestinal irritation. The diagnostics included an MRI of the left shoulder that revealed tendinitis as well as acromioclavicular joint wear and an MRI showing multilevel bulges at the C3 through the C6. The objective findings dated 08 revealed the patient had no acute distress and was asymptomatic, range of motion was flexion 25 degrees with flexion and extension was 20 degrees, left upper extremity laterally abducted at 120 degrees, and right upper extremity laterally abducted at 130 degrees. The medications included Trazodone, Prilosec, and Flexeril. The past treatments included medication and a wrist brace. The injured worker reported her pain as 6/10 using the VAS. The treatment plan included Trazodone and Prilosec. The Request for Authorization dated 09/08/2014 was submitted with documentation. The rationale for the Trazodone was for insomnia as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #120: 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 (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone, Prozac, Fluoxetine Page(s): 107.

Decision rationale: The request for Trazodone 50 mg #120 is not medically necessary. The California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The clinical notes indicated that the injured worker had some insomnia and that the injured worker was using it for her insomnia and her depression. However, the injured worker when she wakes up with pain uses ice, which relieves her pain. Trazodone is not recommended or effective for lower back pain. The request did not address the frequency. As such, the request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of non-steroidal anti-inflammatory drugs, and a history of peptic ulcers. There is also a risk of long term utilization of the proton pump inhibitors greater than 1 year which has been shown to increase the risk of hip fracture. The clinical note had a diagnosis of GI irritation; however, there were no diagnoses of gastrointestinal bleeding or perforations and was not evident of peptic ulcers. Prilosec should not be used for long term utilization. The request did not indicate a frequency. As such, the request is not medically necessary.