

Case Number:	CM14-0160058		
Date Assigned:	10/03/2014	Date of Injury:	06/04/2004
Decision Date:	11/06/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 Texas and Oklahoma. 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 53-year-old male who reported an injury on 06/04/2004. The mechanism of injury occurred when he fell from a ladder. His diagnoses included neck pain, headaches, intermittent right shoulder pain, intermittent medial epicondylitis, low back pain, right knee pain, and bilateral ankle pain. The injured worker's past treatments included the use of urine drug screens, medications, epidural steroid injections, physical therapy, and chiropractic therapy. The injured worker's diagnostic exams included an X-ray of the thoracic spine, an MRI of the lumbar spine, and an electromyography study. The injured worker's surgical history was not clearly indicated in the clinical notes. On 08/28/2014, the injured worker complained of low back pain and pain in his bilateral legs. He rated his pain as 7/10 on the pain scale. The injured worker also indicated that with his pain medications his pain level was approximately 4/5-10. The injured worker stated that he is able to do more activities and is more socially involved with his families with the use of Effexor. The physical examination findings revealed that the injured worker continued to have pain across the lumbosacral junction and over the sacroiliac joint bilaterally. He also noted pain and mild spasms of the lumbar paraspinals. His medications included Norco 10/325, Prilosec 20 mg, Effexor 75 mg, Neurontin 600 mg. The treatment plan consisted of the continuation of his pain medications and the continued use of Effexor 75 mg and Prilosec 20 mg. A request was received for Prilosec 20 mg, 120 count and Effexor 75 mg, 60 count. The rationale for the request was not clearly indicated. The Request for Authorization form was signed and submitted on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestin).

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

Decision rationale: The Official Disability Guidelines recommend proton pump inhibitors for gastrointestinal events. These events include the indication of age 65 years and older; a history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, or an anticoagulant; and multiple high dose NSAID's. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The clinical notes indicated that the injured worker complained of low back and bilateral leg pain. However, the clinical notes failed to identify any gastrointestinal complaints to warrant the continued use of Prilosec. Also, the clinical notes did not indicate any gastrointestinal events such as, a history of peptic ulcer, gastrointestinal bleeding or perforation; or concurrent use of aspirin. Without clinical documentation of gastrointestinal events, the request is not supported. Additionally, the request failed to specify a frequency of dose. Thus, the request for Prilosec 20 mg #120 is not medically necessary and appropriate.

Effexor 75 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13.

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Effexor has been approved for the indications of anxiety, depression, panic disorder and social phobias. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Long-term effectiveness of anti-depressants has not been established. A psychological exam was performed in 2009, revealed the injured worker had depression. There were no indications of a re-examination to determine his depressive symptoms now. The clinical notes also indicated that the injured worker had been prescribed Effexor since approximately 05/2014. There is an absence of documentation indicating the effectiveness of this medication on the injured worker over the treatment period. There must be documentation indicating improved overall mood and an increased ability to function socially to warrant continued use. Also, there was no indication that with the use of Effexor the injured worker's pain medication use was reduced. Therefore, due to lack of documentation indicating increased mood and decreased pain medication use, the request is not supported. Additionally, the request

failed to specify a frequency of dose. Thus, the request for Effexor 75 mg #60 is not medically necessary and appropriate.