

Case Number:	CM15-0010433		
Date Assigned:	01/28/2015	Date of Injury:	10/09/2009
Decision Date:	03/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female injured worker suffered an industrial injury on 10/9/2009. The diagnoses were left and right shoulder adhesive capsulitis and cervical spine myoligamentous sprain/strain along with depression. The diagnostics was MR arthrogram left shoulder. The treatments were right shoulder arthroscopy 2011, left shoulder arthroscopy 2013, right and left manipulation under anesthesia, physical therapy and medications. The treating provider reported continuing symptoms of depression and anxiety. The Utilization Review Determination on 12/19/2014 non-certified Prilosec 20mg #30, citing Official Disability Guidelines, proton pump inhibitors and Buspar 10mg #60 citing Official Disability Guidelines, pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the cervical spine and right shoulder. The current request is for Prilosec 20mg #30. The requesting treating physician's report dated 12/3/14 (107H), states, "It should also be noted that the medications all interact to improve anxiety, depression, confusion, emotional control and stress-intensified medical complaints." A progress report dated 10/2/14 (35E) notes that the patient was prescribed an NSAID in the form of Relafin. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no rationale provided for the current use of Omeprazole or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy the MTUS guidelines as outlined on pages 68-69. Recommendation is for denial.

Buspar 10mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Anxiety medications in chronic pain

Decision rationale: The patient presents with pain affecting the cervical spine and right shoulder. The current request is for Buspar 10mg #60. The requesting treating physician's report dated 12/3/14 (107H) states, "(The patient) has presented at this office today for medication management for persistent symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche." The report goes on to state, "It should be noted relevant to multiple medications that there have not been any significant side effects or negative interactions relevant to these medications. It should also be noted that the medications all interact to improve anxiety, depression, confusion, emotional control and stress-intensified medical complaints." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding anxiety medications for chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below (c) 5-HT1A Agonist: Buspirone (Buspar , generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use." In this case, the patient suffers from anxiety and the treating physician has prescribed Buspar as part of the patient's medication regimen to help provide relief of her symptoms. Recommendation is for authorization.

