

Case Number:	CM15-0177627		
Date Assigned:	09/18/2015	Date of Injury:	01/16/2012
Decision Date:	10/21/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 1-16-2012. The injured worker was being treated for cervicgia, headache, lumbar post-laminectomy syndrome, and opioid type dependence (continues). Her past medical history noted high blood pressure and asthma. Treatment to date has included diagnostics, epidural steroid injection, physical therapy, acupuncture, chiropractic, transcutaneous electrical nerve stimulation unit, biofeedback therapy, knee surgery in 2009, 2011, and 4-08-2015, lumbar spinal surgery in 2009, and medications. Currently (8-12-2015), the injured worker complains of pain in the head, neck, right shoulder, right arm, right elbow, right hand-thumb, both legs and both knees. The pain was associated with tingling in the right arm, right hand, and both feet and numbness in both legs and feet, as well as weakness in both legs. The pain was "constant" in frequency and "moderate" in intensity. She currently rated the severity of the pain 9 out of 10, 5 at best and 9 at worst. Her average pain level was 6 in the last week. Her pain ratings were unchanged since 6-17-2015 and 5-04-2015, noting the use of Omeprazole and Trazodone. Exam on 5-04-2015 noted difficulty falling or remaining asleep, excessive fatigue, depression, and memory loss. Exam on 5-04-2015 was positive for complaints of nausea and progress report 5-2012 noted a history of migraines, noting occasional nausea and vomiting with migraines. With regards to functional limitations for the past month, she avoided going to work, socializing with friends, physically exercising, performing some household chores, participating in recreation, doing yard work, shopping, and sexual relations. She reported bladder problems, "losing urine". Her exam noted that she was obese and appeared outwardly depressed. She ambulated with crutches, had an antalgic gait, and

sat uncomfortably. Exam of the cervical spine noted range of motion to forward flexion 60 degrees, extension 25, rotation 30 bilaterally, and side bending 40 to the right and 30 to the left. There was tenderness to palpation over the bilateral superior trapezius and levator scapulae. Exam of the lumbar spine noted range of motion to forward flexion 30 degrees, extension 10, and side bending 10 to the right and 15 to the left. Rotation was "limited". There was normal alignment with mild loss of lumbar lordosis and tenderness to palpation over the bilateral lumbar paraspinal muscles, consistent with spasms. There was positive lumbar facet loading maneuver bilaterally and sacroiliac joint tenderness on the right. Normal bulk and tone was noted in all major muscle groups of the upper and lower extremities. Deep tendon reflexes were symmetric at 1+ of 4 in the upper and lower extremities. Urine toxicology was positive for tricyclic antidepressants. Medications included Norco, "Topirgmate", Sumatriptan, Nortriptyline, Omeprazole 20mg (twice daily) #60 dispensed, and Trazodone 50mg (twice daily) #60 (dispensed). Her work status was total temporary disability. On 8-27-2015, Utilization Review non-certified the request for Omeprazole and Trazodone as prescribed and dispensed on 8-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Omeprazole 20mg QTY: 60 (DOS: 08/12/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.

Retrospective: Trazodone 50mg QTY: 60 (DOS: 08/12/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Anxiety medications in chronic pain.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does have the diagnosis of primary insomnia and depression. Therefore the request is medically necessary.