

Case Number:	CM15-0070741		
Date Assigned:	04/20/2015	Date of Injury:	03/03/2009
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

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 54-year-old female, who sustained an industrial injury on March 3, 2009. She reported a leaking bladder, tailbone pain and low back pain radiating to the left lower extremity and heel. The injured worker was diagnosed as having myoligamentous strain of the lumbar spine with radicular symptoms in the left lower extremity, lumbar disc herniation, lumbosacral radiculopathy, depression, gastritis and genu valgus deformity of the knees, left worse than right. Treatment to date has included surgical intervention of the bladder, diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of low back pain radiating to the left lower extremity and heel with associated with depression, anxiety, sleep disruptions, diminished self-esteem, headaches and Pepcid acid reactions. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported having some stress incontinence prior to the injury however, since the injury, she noted a leaking bladder and sexual dysfunction. She continued to report frustration, anxiety and depression secondary to continued pain and associated symptoms. Evaluation on January 21, 2015, revealed continued pain and associated symptoms. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Citalopram 40 mg with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI's Page(s): 107-108.

Decision rationale: MTUS guidelines state regarding SSRIs, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." Regarding this patient's case, it is noted in the medical records that she has anxiety and depression secondary to pain and continued symptoms. It is also stated that she is seeing a Psychiatrist. Likewise, this request is in accordance with MTUS guidelines. This request is considered medically necessary.

60 tablets of Atarax 25mg with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com <http://www.drugs.com/atarax.html>Atarax.

Decision rationale: MTUS guidelines do not address antihistamines. Atarax is an antihistamine that can be used in the treatment of anxiety. This patient's medical records clearly state that she has a diagnosis of Anxiety secondary to continued pain and symptoms. She is following with a Psychiatrist. Likewise, this request for Atarax is considered medically necessary.

60 tablets Prilosec 20mg with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids/PPIs.

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

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. 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)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Prilosec is not medically necessary.