

Case Number:	CM13-0023589		
Date Assigned:	11/15/2013	Date of Injury:	07/28/2010
Decision Date:	01/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 IMR application lists the injury date as 7/28/10 and shows a dispute with the 9/4/13 UR decision. The 9/4/13 UR decision is by CID and is based on the 8/8/13 medical report and allows Ibuprofen and Norco, but denies Prilosec and PT, as well as modifies the Xanax #60 to allow #48. 584 pages of medical records are provided for review. The earliest available record appears to be 5/18/12 EMG/NCV BLE. The patient is described as being a 55 year old female with a cumulative trauma industrial 7/28/09-7/28/10, involving the back, shoulders, elbows, and neck. She also had a slip/fall injury in 2006 involving both ankles, groin, and low back. She had right knee surgery on 4/15/11 and 9/29/11, and right shoulder surgery on 5/4/12. She had lumbar surgery in May of 2013 and history of cervical surgery with unspecified dates. The medical records indicate that she was using Prilosec on the 5/18/12 visit. The 8/8/13 report shows the patient's height as 5'7" and 204 lbs. She is diagnosed with DJD and HNP, C5/6 with radiculopathy, right shoulder impingement, bilateral CTS, lumbar DDD and HNP with radiculopathy, right knee lateral meniscal tear, bilateral ankle overuse, anxiety, and depression. The 8/8/13 reports notes pain at 5-8/10, she is not working and takes 1-2 Norco 10/325mg, ibuprofen 800mg bid, Prilosec 20mg, and Xanax 1mg for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of Prilosec 20 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS provides a list of GI Risk factors for using PPIs like Prilosec with NSAIDs. The 4/24/13 internal medicine evaluation for pre-operative clearance did not find any GI issues. The reporting does not describe a history of GI events, and shows the patient had been on Prilosec before she was on an anti-inflammatory medication. The patient does not appear to meet any of the MTUS requirements for use of Prilosec.

Xanax 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The records indicate that the patient continues with some low back pain symptoms with residual numbness and a little weakness of her left lower extremity. She was 3 months post lumbar decompression on the 08/08/2013 progress report. It was noted that the patient used Xanax 1 mg for sleep. The records indicate that the patient was taking Xanax at least as far back as 05/02/2013. MTUS Guidelines page 24 regarding benzodiazepines states that they are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The use of Xanax does not appear to be supported by the guidelines for long-term use which appears to be the case in this patient's record. Therefore, recommendation is for denial.