MAXIMUS Federal Services

Case Number:	CM13-0031632		
Date Assigned:	12/11/2013	Date of Injury:	10/15/1995
Decision Date:	07/30/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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 and Rehabilitation and is licensed to practice in Nevada. 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 47-year-old female who was reportedly injured on October 15, 1995. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated September 9, 2013, indicated that there were no current complaints. The injured employee was stated to have returned back to full duty at work and is doing well. The physical examination demonstrated tenderness along the lumbar spine, limited lumbar spine range of motion, and a positive straight leg raise. A request had been made for Fluzone, omeprazole and clonazepam and was not certified in the pre-authorization process on September 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR 1 DAY SUPPLY OF FLUZONE 45MCG/.5ML: Upheld

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 Other Medical Treatment Guideline or Medical Evidence:http://www.cdc.gov/flu/protect/vaccine/qa_fluzone.htm.

Decision rationale: Fluzone is a high dose seasonal influenza vaccine. There was no mention or indication in the most recent progress note dated September 9, 2013, regarding the necessity that

the injured employee received a Fluzone vaccination in relation to the compensable injury. Although, it was recommended that most individuals receive a flu vaccine, at this time this request for Fluzone is not medically necessary.

PRESCRIPTION OF OMEPRAZOLE 20MG, #30: Upheld

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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: Omeprazole is a proton pump inhibitor often prescribed for those with gastrointestinal risk or side effects of anti-inflammatory medications. The most recent progress note, dated September 9, 2013, did not indicate that the injured employee was at risk for gastrointestinal symptoms nor were there any gastrointestinal side effects noted secondary to any non-steroidal anti-inflammatory drug usage. For these reasons, this request for omeprazole is not medically necessary.

PRESCRIPTION OF CLONAZEPAM 1MG, #60: Upheld

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 Official Disability Guidelines (ODG), Pain (Chronic), Benzodiazepines, updated July 10, 2014.

Decision rationale: The medical record did not state indication for the use of Clonazepam. According to the Official Disability Guidelines, Benzodiazepines such as Clonazepam, are not recommended for long-term use, because their efficacy is unproven and because of the risk of psychological and physical dependence. Without specific justification, this request for clonazepam is not medically necessary.