

Case Number:	CM13-0047043		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2006
Decision Date:	02/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 patient is a 49 year old female with a date of injury of 09/18/2006. The listed diagnoses per [REDACTED] dated 10/09/2013 are: i;§ Post Laminectomy Syndrome, Lumbar i;§ Chronic pain syndrome i;§ Encounter long term use drug According to report dated 10/09/2013 by [REDACTED], patient presents with low back pain with decreased painful ROM. Patient rates pain as 4/10. The Provider states, "Despite resistance from patient, will continue to slowly wean narcotics and encourage to increase function". Patient's medications include Oxycodone, Percocet, Clonazepam, Pristiq, and Prilosec.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

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

Decision rationale: This patient presents with low back pain with decreased painful ROM. The Provider is requesting a refill of Prilosec. Medical records show patient has been prescribed

Prilosec since 04/04/2013, possibly earlier as this is the earliest record provided for review. The list of current medications also does not indicate that the patient is on an NSAID and the provider does not provide any GI risk assessment in the progress reports dated 04/04/2013 to 10/09/2013. There is no mention of gastric irritation or pain, no peptic ulcer history, no concurrent use of ASA, anti-coagulation, etc. MTUS guidelines page 69, states "Omeprazole is recommended with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors." Determining 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). Recommendation is for denial.

Clonazepam 0.5mg #60: Upheld

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

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

Decision rationale: This patient presents with low back pain with decreased painful ROM. The Provider is requesting a refill of Clonazepam 0.5mg #60. Medical records show patient has been prescribed this medication since 04/04/2013, possibly earlier as this is the earliest record provided for review. The MTUS guidelines, page 24 states Benzodiazepines are not recommend for long-term use due to unproven efficacy and risk of dependence. Maximum use of 4 weeks is recommended. Recommendation is for denial.