

Case Number:	CM13-0052288		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2007
Decision Date:	08/08/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic hip pain, and chronic knee pain reportedly associated with an industrial injury of August 15, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and anxiolytic medications. In a Utilization Review Report dated November 8, 2013, the claims administrator approved Voltaren gel, denied Xanax, approved Percocet, approved glucosamine, approved Duragesic, denied Nexium, approved Pristiq, approved an unspecified laxative medication, and approved bisacodyl. The applicant's attorney subsequently appealed. In a progress note of October 31, 2012, the applicant was described as carrying primary diagnoses of bilateral knee pain, low back pain, and hip pain. The applicant had received several Synvisc and corticosteroid injections, it was acknowledged. Both a sleep study and a GI consultation were requested on this date. In a misdated progress note of August 9, 2015, the applicant was again described as reporting bilateral knee, low back, and hip pain. The note was extremely difficult to follow and mingled current complaints with old complaints. The applicant was described as using Duragesic, Percocet, Robaxin, Nexium, bisacodyl, and Pristiq, although this, too, was again quite difficult to follow as the attending provider mingled the applicant's old medications with current medication list. The applicant was described as having ongoing issues with gastritis requiring usage of prescription Nexium, it was stated. It was stated that the applicant was not working and receiving both Social Security Disability insurance and monies from the Workers' Compensation system. On June 17, 2014, the applicant was again described as not working and was a qualified injured worker. It was again stated that the applicant had seen an agreed medical evaluator who suggested that she remain on Nexium for gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 1.05MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the ACOEM Guidelines, anxiolytics such as Alprazolam are recommended for short-term use purposes, so as to combat acute flares in mental health issues so as to afford an applicant with the ability to recoup emotional and physical resources. In this case, however, there is no evidence of any overwhelming mental health issues for which Alprazolam would have been indicated. It appears, rather, that the attending provider is using Alprazolam or Xanax for chronic, long-term, and/or scheduled-use purposes for insomnia. This is not an approved indication for the same, per the ACOEM Guidelines. Therefore, the request is not medically necessary.

NEXIUM 40MG: 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 NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69, 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Guidelines does acknowledge that proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced gastritis and, by implication, the stand-alone gastritis which appears to be present here, this recommendation is qualified, however, by commentary made of page 7 of the MTUS Chronic Pain Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not clearly stated how or if Nexium has been effective here. The attending provider, rather, appears to have continued the medication from visit to visit without any discussion of medication efficacy. The attending provider's progress notes mingle old complaints with current complaints and are largely unchanged from visit to visit. The attending provider has seemingly suggested that the applicant continue the medication in question based on an Agreed Medical Evaluation which stipulated that the applicant do so. There has been no mention of whether or not the applicant's issues with gastritis and/or dyspepsia have responded favorably to ongoing usage of Nexium or not. Several of the attending provider progress notes, moreover, have been misdated, including a note dated 2015, above. Therefore, the request is not medically necessary.

