

Case Number:	CM13-0055473		
Date Assigned:	12/30/2013	Date of Injury:	02/02/2013
Decision Date:	04/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain, knee pain, neck pain, shoulder pain, brachial neuritis, anxiety, and depression reportedly associated with an industrial injury of February 2, 2013. Thus far, the patient has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; knee arthroscopy on September 18, 2013; cervical MRI imaging of December 2, 2013, interpreted as normal; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 6, 2013, the claims administrator denied a request for omeprazole outright and partially certified Xanax for weaning purposes. Ultracet, it is incidentally noted, was approved. On December 17, 2013 the patient was described as presenting with 8-9/10 neck pain and headaches. The patient was on Vicodin, Naprosyn, and Prilosec. MRI imaging of the brachial plexus and physical therapy were endorsed. In an October 18, 2013 progress note, the patient is described as reporting multifocal 8/10 knee, neck, low back pain status post prior knee surgery on September 18, 2013. The patient was again placed off of work, on total temporary disability, until January 4, 2014. On an internal medicine consultation of September 10, 2013, the patient was described as having issues with dyspepsia with various foods, including caffeine and tea.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Xanax 1.0 mg #60: Upheld

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

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for chronic or long-term use purposes. A more appropriate choice for anxiety, per the MTUS, is an antidepressant. In this case, the attending provider has not furnished any compelling rationale or narrative to the request for authorization or application for Independent Medical Review so as to offset the unfavorable MTUS recommendation. Therefore, the request is not certified, on Independent Medical Review

1 prescription of Omeprazole 20 mg #60: Upheld

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant was described on September 10, 2013 as exhibiting various digestive tract symptoms including abdominal tract discomfort. The applicant was apparently using caffeine at that point in time and was also described as having a history of dyspepsia with NSAIDs and a history of positive H. pylori antibody study. Ongoing usage of other proton pump inhibitor, omeprazole, is therefore indicated. Accordingly, the request is certified, on Independent Medical Review.