

Case Number:	CM13-0061103		
Date Assigned:	12/30/2013	Date of Injury:	05/05/2012
Decision Date:	07/29/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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 ABFP 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 33 year old male patient sustained work injury on 5/5/12 involving the back. He has a diagnosis of lumbago, lumbar disk disease with myelopathy and spinal stenosis. A progress note on 9/18/13 indicated the patient had continued 8/10 low back pain. He had a positive straight leg raise and muscle spasms in the lumbar region. At the time he was on Tramadol, Naproxen and topical medications. There were no other chronic medical issues. The patient underwent a bilateral hemilaminotomy on 9/30/13. On 10/18/13, a request was mad by the treating physician for Pantoprazole 20 mg daily and Quazepam 15 mg daily. On 10/18/13, a request was mad by the treating physician for Pantoprazole 20 mg daily and Quazepam 15 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE: Upheld

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

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

Decision rationale: Pantoprazole is a proton pump inhibitor. According to the MTUS guidelines: Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those

with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the patient at risk. The indication for Panoprazole is non-specific. Therefore, the continued use of Prilosec is not medically necessary.

QUAZEPAM: Upheld

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

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

Decision rationale: Quazepam is a benzodiazepine. According to the MTUS guidelines: Benzodiazepines. 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). In this case, there is no mention of use for anxiety or its relation to the industrial injury. It is not recommended for back pain or muscle spasms. The continued use of Quazepam is not medically necessary. In this case, there is no mention of use for anxiety or its relation to the industrial injury. It is not recommended for back pain or muscle spasms. The continued use of Quazepam is not medically necessary.