

Case Number:	CM13-0069798		
Date Assigned:	01/03/2014	Date of Injury:	05/28/2011
Decision Date:	07/16/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 patient is a 38 year old male who was injured on 05/28/2011 after moving heavy boxes weighing approximately 75 lbs. Prior treatment history has included MS-Contin, Norco, Robaxin, Benadryl, Compazine, Neurontin, Wellbutrin, Cialis, Promolaxin, and Restoril. Diagnostic studies reviewed include MRI of the lumbar spine dated 08/18/2012 revealed 1) Disc protrusion at L1-L2, with facet hypertrophy producing neuroforaminal narrowing at the level of L3-L4. There is disc protrusion at L5-S1 levels with accompanied canal narrowing. Narrative evaluation report dated 10/10/2013 indicated the patient complains of low back pain with persistent bilateral lower extremity pain; mid back pain between shoulder blades which radiates up to the neck; abdominal pain with a history of GI bleeding and right shoulder pain since the end of June 2012. The patient underwent two epidural blocks on 10/18/2011 with 50% improvement; and 02/07/2012 with no improvement. He also had discectomy with laminectomy on 12/14/2012. The patient reported his condition worsened after surgery. He reported sexual dysfunction which he relates to his back injury. He was given a prescription to assist with that. The patient rated his pain as a 6/10. He stated his pain limits some of his activities of daily living. Objective findings on exam revealed the patient utilized a walking cane with right sided limping. The cervical, lumbar and thoracic spine show midline tenderness with limited range of motion. Straight leg raise is positive bilaterally. The patient is unable to heel-to-toe walk without tenderness. Sensory exam reveals hypoalgesia noted in the distribution L5-S1 nerve root. He had weakness in the L5-S1 nerve root. The patient is diagnosed with possible discogenic pain, possible lateral lumbar facet pain at levels L4-L5 and L5-S1, right more than left; possible lumbar sprain/strain; bilateral lumbosacral radicular pain; cervical sprain/strain; right shoulder sprain/strain; history of peptic ulcer disease; and stress syndrome. On 08/03/2011, the patient was recommended to discontinue all anti-inflammatory drugs after developing a

bleeding ulcer. A prior utilization review dated 11/20/2013 states the request for Diazipine is non-certified as there are no findings to the support the request. Amlodipine is non-certified as there are no documented findings of hypertension management. Atenolol is non-certified as there is no documentation to support the request. Omeprazole is partially certified as there are documented GI symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM 30 MG TABLET: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. In addition, the medical records do not document current subjective complaints, objective findings or an active diagnosis of anxiety disorder. There is no documentation of any benefit with its prior use. The medical records do not provide a clinical rationale that establishes the necessity for a medication not recommended under the evidence-based guidelines. As such, the request is not medically necessary and appropriate.

ATENOLOL 50 MG TABLET: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Atenolol is a beta blocker, which according to the ODG is used for the treatment of hypertension or arrhythmia. There is no documentation of high blood pressure or arrhythmia in this patient to necessitate its use. There is no documentation of prior use in the medical records. Therefore, the medical necessity of the request for Atenolol is not established at this time.

AMLODIPINE BESYLATE 5 MG TABLET: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Amlodipine is a calcium channel blocker, which according to the ODG is used for the treatment of hypertension. However, there is no documentation of high blood pressure in this patient to necessitate its use. There is no documentation of prior use in the medical records provided for review. Therefore, the request is not medically necessary and appropriate.

OMEPRAZOLE 20 MG CAPSULE DR: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). There is a history of GI bleeding and the medical records indicate that on 08/03/2011 the patient was recommended to discontinue all anti-inflammatory drugs after developing a bleeding ulcer. However, there is no recent documentation of any GI upset / bleeding or NSAID use. Therefore, the request is not medically necessary and appropriate.