

<b>Case Number:</b>	CM14-0007958		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 patient is a 46-year-old female who has submitted a claim for cervical spine musculoligamentous injury and right shoulder tear associated with an industrial injury date of 10/28/08. Medical records from 7/12/12 to 2/19/14 were reviewed and showed that the patient complained of constant pain in the cervical spine with radiation, a burning sensation, and stiffness. There was also sharp, constant pain in the right shoulder with burning sensation and stiffness. Physical examination revealed tenderness upon palpation and limited range of motion of the cervical spine. There was tenderness upon palpation and limited range of motion of the right shoulder. Muscle spasms were noted. EMG done on 8/29/11 revealed evidence of increased irritability in the paravertebral muscles, probably muscle spasm. Treatment to date has included unspecified visits of physical therapy and acupuncture, Neurontin 600mg, Prilosec 20mg, Xanax 0.25mg, Vicodin ES, and Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Overturned

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

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

**Decision rationale:** According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the patient had complained of abdominal pain and heartburn, and had concurrent use of steroids and NSAIDs. Therefore, the request is medically necessary.

**Xanax 0.25mg #5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. Tolerance develops with long-term use. In this case, the patient has been using Xanax since June 17, 2013, which is beyond guideline recommended. This use was not in conjunction with the CA MTUS guidelines recommendation. There was lack of documented evidence stating significant improvement with Xanax use. Therefore, the request for Xanax 0.25mg #5 is not medically necessary.