

Case Number:	CM14-0009753		
Date Assigned:	02/21/2014	Date of Injury:	10/04/2011
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 injured worker is a 43-year-old female who reported an injury on 10/04/2011 after attempting to transfer a patient. The injured worker reportedly sustained an injury to her low back and right knee. The injured worker's treatment history included physical therapy, supervised weight loss, lumbar facet injections, lumbar epidural steroid injections, and acupuncture. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 12/10/2013. It was documented that the injured worker had lost her analgesic medications. Physical findings included lumbar spine pain from the L4 to the S1 region with a negative bilateral straight leg raising test. Evaluation of the knee documented tenderness to the anterior patella region. The injured worker's diagnoses include lumbosacral strain/arthrosis stenosis, and right knee degenerative arthrosis with medial meniscus tear. The injured worker's treatment plan included a home exercise program, weight loss program, and continuation of medications. The injured worker's medications were noted to be hydrocodone 10/325 mg, Soma 350 mg, omeprazole 20 mg, and alprazolam 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #120 60 DAY SUPPLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #120 60 day supply is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's risk factors to support that they are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. However, continued use is not supported as there are no documented findings of side effects that would benefit from this medication. As such, the requested Prilosec 20 mg #120 60 day supply is not medically necessary or appropriate.

ALPRAZOLAM 2MG #60 30 DAY SUPPLY: Upheld

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

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

Decision rationale: The requested alprazolam 2 mg #60 30 day supply is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 05/2013. California Medical Treatment Utilization Schedule does not recommend the long term use of benzodiazepines due to the high risk of physiological and psychological dependence. California Medical Treatment Utilization Schedule does not recommend treatment to exceed 4 weeks. The clinical documentation does support that the injured worker has already exceeded this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested alprazolam 2 mg #60 30 day supply is not medically necessary or appropriate.