

<b>Case Number:</b>	CM14-0104636		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/17/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2014

### 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 51-year-old female who has submitted a claim for bronchitis and pneumonitis due to fumes and vapors, and anxiety, associated with an industrial injury date of April 17, 2009. Medical records from 2013 to 2014 were reviewed. The patient was being treated for chronic low back pain. Aside from this, past medical history show that patient was also being treated for anxiety, esophageal reflux, hyperreactive airway and heart burn. Most recent progress report showed that patient had an episode of panic attack for which Prozac was added to current medication regimen. With regards to GERD, this was attributed to use of medications. She had poor response to omeprazole, but good response was reported with Nexium and ranitidine. Physical examination showed mild distress; slow and antalgic gait; and diffuse tenderness over the lumbar region extending to the left more so than right sacroiliac and coccyx region. The rest of the examination was unremarkable. The diagnoses include bronchitis and pneumonitis due to fumes and vapors; anxiety; GERD; and allergic rhinitis. Some of the progress reports submitted were illegibly handwritten. Important information may have been inadvertently missed. Treatment to date has included Hydrocodone-Acetaminophen, Zolpidem, Symbicort, Lansoprazole, Xanax, Omeprazole, Prozac and physical therapy. Utilization review from June 23, 2014 denied the request for Xanax .5mg, one tab/day, #30, no refill due to long term use. The requests for Nexium Capsule delayed release, 40mg 2x /day #60, refills 5 and Ranitidine HCL tablet 300mg one tab a night #30, refills 5 were also denied. The patient is not at intermediate risk for GI event. Lastly, the request for Prozac 20mg, 1 cap in the morning/day, #30, refills 5 was denied because there was no indication that patient has depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax .5mg, one tab/day, #30, no refill: Upheld**

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

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

**Decision rationale:** As stated on page 24 of California 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 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. In this case, Xanax was taken as far back as October 2013. The guideline does not support long-term use of this medication due to rapid development of tolerance. Moreover, there was no evidence of functional improvement from its use. There was also no evidence that antidepressants have failed to manage anxiety. The medical necessity cannot be established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Xanax .5mg, one tab/day, #30, no refill is not medically necessary.

**Nexium Capsule delayed release; 40mg 2x/day #60, refills 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=37564> The National Guideline Clearinghouse (NGC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs)

**Decision rationale:** According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. According to the Official Disability Guidelines, Omeprazole OTC tablets or Lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses including Esomeprazole (Nexium). In this case, patient has poor response to Omeprazole but good response with Nexium. However, there was not enough evidence to support efficacy of Esomeprazole over Omeprazole. The guideline states that Omeprazole and Esomeprazole have demonstrated equivalent clinical efficacy and safety at comparable doses. Furthermore, patient

did not meet any of the aforementioned risk factors. The medical necessity cannot be established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Nexium Capsule delayed release, 40mg 2x/day #60 with 5 refills is not medically necessary.

**Ranitidine HCL tablet 300mg #30, refills 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation [http://www.wheelessonline.com/ortho/ranitidine\\_zantac](http://www.wheelessonline.com/ortho/ranitidine_zantac)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ranitidine)

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, indications for ranitidine include short-term treatment and maintenance therapy of duodenal ulcer, short-term treatment and maintenance therapy for benign gastric ulcer, treatment of pathological hypersecretory conditions, treatment of GERD, and treatment and maintenance of erosive esophagitis. In this case, the patient has been on Omeprazole as far back as August 2012. Subsequently, Lansoprazole was taken noted as far back as October 2013. However, there was no clear rationale provided for the change of medications. Likewise, reason for addition of ranitidine for GERD treatment was not discussed. There was no objective evidence that either of the previous PPIs have failed to manage GERD. The medical necessity cannot be established due to insufficient information. Therefore, the request for Ranitidine HCL tablet 300mg #30, with 5 refills is not medically necessary.

**Prozac 20mg, 1 cap in the morning/day, #30, refills 5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 1062-1067. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress (updated 06/12/14) Antidepressants, and [http://www.wheelessonline.com/ortho/fluoxetine\\_prozac](http://www.wheelessonline.com/ortho/fluoxetine_prozac)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Selective serotonin reuptake inhibitors (SSRIs) for PTSD; Antidepressants - SSRI's versus tricyclics (class)

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, SSRI's are recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). Besides being the most effective drugs for post-traumatic stress disorder (PTSD),

SSRI's have emerged as the most favorable treatment of panic disorder. They have a beneficial side-effect profile, are relatively safe (even if taken in overdose), and do not produce physical dependency. In this case, most recent progress report showed that patient had an episode of panic attack for which Prozac was prescribed. The guideline states SSRIs are the most favorable treatment of panic disorder. The medical necessity was established. Therefore, the request for Prozac 20mg, 1 cap in the morning/day, #30, with 5 refills is medically necessary.