

Case Number:	CM14-0011334		
Date Assigned:	02/21/2014	Date of Injury:	08/07/2000
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/28/2014

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 Family Practice 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:

This patient is a 49 year old male claimant sustained a work injury on 8/7/2000 involving the low back and neck. He had a diagnosis of lumbar degenerative disc disease, bilateral lower extremity radiculopathy, and cervical spondylosis. Xerostomia due to narcotic use and medication induced gastritis. His pain had been managed with Norco, Soma and Anaprox. Ativan had also been prescribed for several months for unknown reasons. He had been given Prilosec for several months for gastrointestinal prophylaxis. On 12/27/13, the treating physician had requested Prilosec 20 mg daily and Doral 15 mg for unspecified indications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , CHRONIC PAIN CHAPTER,

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Prilosec 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 claimant at risk. Furthermore, the use of NSAIDs (Anaprox) is not clear in conjunction with opioids. Therefore, the continued use of Prilosec is not medically necessary.

Chronic Pain Medical Treatment Guidelines Benzodiazepines and pages(s) 24.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , CHRONIC PAIN CHAPTER,

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Doral is a benzodiazepine according to the Chronic Pain Medical Treatment Guidelines, 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, the claimant had been on Ativan already. The indication for use of Doral had not been specified. The claimant did not have a diagnosis that met the guidelines indications for benzodiazepine use. Therefore the request for Doral is not medically necessary.