

Case Number:	CM14-0012805		
Date Assigned:	02/24/2014	Date of Injury:	08/14/2009
Decision Date:	08/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

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:

This is a 27-year-old female with a date of injury of 8/14/09. On 12/6/13, she complained of chronic low back pain, and difficulty performing activities of daily living. She reported a fall resulting from dizziness associated with pain and worsening depression. On exam she had right shoulder impingement sign and painful range of motion. Lumbar spine revealed spasms and painful and restricted range of motion. The diagnostic impression is lumbar spine degenerative disc disease, chronic low back pain, and major depressive disorder. A UR decision dated 1/14/14, denied the request for Klonopin and Prilosec. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk for dependence. The Klonopin was modified from #30 to #15 to allow for tapering and discontinuation of the medication. The Prilosec was modified from #60 to #30 to comply with referenced guideline of once daily dosage recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

klonopin 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

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

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. This patient has been documented to be on Klonopin long-term and it is noted to be used for neuropathic pain and sleep. Guidelines do not support the use of Klonopin for either neuropathic pain or sleep. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The UR review modified the request of Klonopin 1mg #30 to #15 to allow for weaning of the medication. Therefore, the request for Klonopin 1mg #30 was not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: MTUS and the FDA(Food and Drug Administration) support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD(Gastroesophageal Reflux Disease), erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor (PPI), used in treating reflux esophagitis and peptic ulcer disease. There is no discussion that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There was no report of the patient experiencing GI distress and the patient is not noted to be on any NSAIDs. The UR review modified the request for Prilosec from #60 to #30 due to once daily recommended dosing. Therefore, the request for Prilosec 20mg #60 was not medically necessary.