

Case Number:	CM14-0017989		
Date Assigned:	04/16/2014	Date of Injury:	05/30/2012
Decision Date:	08/12/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 44-year-old who reported an injury on May 30, 2012 secondary to an unknown mechanism of injury. He was evaluated on January 21, 2014 and reported numbness in the long finger, ring finger, and small finger of the right hand. He also reported moderate right wrist pain and severe neck pain. Diagnoses included chronic back pain, lumbar degenerative disc disease, and cervical chronic spinal stenosis. He was also noted to have had a right carpal tunnel release on December 13, 2013. Medications at the time of request included Norco 10/325mg twice a day, Xanax 1mg as needed for sleep, and Prilosec 20mg twice a day. According to the documentation provided, the injured worker has taken Norco since at least July 24, 2013 according to the last toxicology report of the same date. The results of the toxicology report were noted to be consistent with the injured worker's Norco prescription. A request for authorization was submitted on January 21, 2014 for Prilosec 20mg and a urine toxicology test to monitor his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors such as prilosec for injured workers taking NSAID medications who are shown to be at risk for gastrointestinal events. These risks include age greater than 65 years old, history of peptic ulcer or gastrointestinal bleeding, and concurrent use of aspirin, corticosteroids, anticoagulants, or high dose/multiple NSAIDs. There is no documented evidence that the injured worker meets any of the identified criteria to be at risk for gastrointestinal events according to the information submitted for review. In addition, his medication list was not shown to include an NSAID medication. Therefore, the request for Prilosec 20mg, ninety count, is not medically necessary or appropriate.

One urine toxicology test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for 1 urine toxicology test is certified. The injured worker has taken Norco 10/325mg twice a day since at least July 24, 2013 and is still currently taking this medication as of the most recent clinical note on January 21, 2014. The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of appropriate medication use and absence of aberrant drug-taking behavior in order to continue opioid use. A post-operative follow up on December 17, 2013 noted potentially aberrant behavior as the injured worker requested an early refill for his Norco prescription. This indicates that he may be at moderate risk for inappropriate medication use. The last documented urine toxicology test was July 24, 2013, and continued monitoring of appropriate medication use is warranted by the guidelines. As such, the request for one urine toxicology test is medically necessary and appropriate.

Xanax 1mg, sixty count: 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: The Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported. The request as submitted

failed to include the frequency for the medication. Given the above, the request for Xanax 1mg, sixty count, is not medically necessary or appropriate.