

<b>Case Number:</b>	CM14-0132933		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 & Rehabilitation, and Pain 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 injured worker is a 47-year-old female with a reported date of injury on 06/10/2009. The injury reportedly occurred when a trash container fell and hit her right knee and right foot. Her diagnoses were noted to include right lower extremity complex regional pain syndrome, right knee medial meniscus tear, right ankle/foot regional pain syndrome, lumbar pain stimulator, lumbar pain secondary to abnormal gait and pain stimulator surgery, right shoulder overuse plus carpal tunnel syndrome, anxiety/depression, and insomnia. Her previous treatments were noted to include medications and a knee brace. The progress note dated 07/01/2014 revealed complaints of right knee and leg pain. The physical examination of the knee revealed the injured worker ambulated with a cane to the right hand. The provider indicated she could barely walk as it was and had a very slow gait. The provider indicated the injured worker had a very difficult time getting up on the examination table. The injured worker was shown to have some active extension of her quadriceps but it was weak, rated 4/5, and her hamstring was 4/5. There was exquisite tenderness of her knee, ankle, and leg. The Request for Authorization form was not submitted within the medical records. The request was for Xanax 1 mg #60 for sleep, Prilosec 20 mg, Prozac 40 mg #60, urine toxicology screening; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Drug Formulary

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

**Decision rationale:** The request for Xanax 1 mg #60 is not medically necessary. The injured worker has been on this medication since at least 02/2014. The California 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 dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been utilizing this medication for at least 5 months. Therefore, continued use would not be supported by the Guidelines. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Prozac 40mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant for chronic pain. Selective serotonin reuptake in.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

**Decision rationale:** The request for Prozac 40 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain as they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. There is a lack of documentation regarding efficacy of this medication and improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Prilosec 20mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC (Proton Pump Inhibitors (PPIs))

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

**Decision rationale:** The request for Prilosec 20 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years old; a history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or use of a high dose/multiple NSAID. There is a lack of documentation regarding the injured worker being at risk for gastrointestinal events. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Urine Toxicology Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC; Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, Steps to avoid misuse/abuse Page(s): 43,94.

**Decision rationale:** The request for a urine toxicology screening is not medically necessary. The injured worker had a urine drug screening performed 07/01/2014. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. The Guidelines recommend for those at high risk of abuse to perform frequent random urine toxicology screens. There is a lack of documentation regarding the previous urine drug screen and whether it was consistent with therapy. Due to the lack of documentation regarding a urine drug screen prior to 07/01/2014 and a lack of documentation regarding the injured worker being at high risk for abuse, a urine toxicology screening is not appropriate at this time. Therefore, the request is not medically necessary.