

Case Number:	CM14-0172947		
Date Assigned:	10/23/2014	Date of Injury:	11/28/2001
Decision Date:	12/02/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 and Rehabilitation, has a subspecialty in 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:

This is a patient with a date of injury of 11/28/01. A utilization review determination dated 10/10/14 recommends non-certification of Questran, alprazolam, and Celebrex. 9/23/14 medical report identifies low back pain and "multiple chronic medical problems." He is having trouble getting his medications and it is causing him a tremendous amount of stress. He finally got in to see pain management, but is frustrated because the doctor wants to get another MRI and he doesn't understand why he can't just get another epidural since the last one worked so well. His pain is recurring and getting worse and he has finally relented and said he needs to go back on pain medication. He got off a lot of his medications following the ESI. An ongoing problem is loose stools and occasional incontinence of stool. The provider noted reluctance to put the patient on any more controlled substances to treat his chronic problems and they had a lengthy discussion about the use of cholestyramine. The patient was willing to give it a try. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Questran 4 gm/9 gm #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: <http://www.drugs.com/pro/questran.html>

Decision rationale: Regarding the request for Questran, CA MTUS and ODG do not address the issue. FDA indications are adjunctive therapy to diet for elevated serum cholesterol in patients with primary hypercholesterolemia and also the relief of pruritus associated with partial biliary obstruction. Within the documentation available for review, none of the abovementioned conditions have been identified. In the absence of such documentation, the currently requested Questran 4 gm/9 gm #1 is not medically necessary and appropriate.

Celebrex 200 mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 30.

Decision rationale: Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Celebrex 200 mg, #30 with 5 refills is not medically necessary and appropriate.

Alprazolam 1 mg, #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for alprazolam, Chronic Pain Medical Treatment Guidelines state the 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... 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." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Alprazolam 1 mg, #90 with one refill is not medically necessary and appropriate.

