

Case Number:	CM14-0183059		
Date Assigned:	11/07/2014	Date of Injury:	12/01/2008
Decision Date:	12/26/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Psychiatry 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 47-year-old male with a 12/1/08 date of injury. The mechanism of injury occurred when he lifted a 50-pound sheet of plywood and experienced a sharp pain and snapping sensation to his lower back. There was no progress reports from the requesting provider provided for review. According to the UR decision dated 10/7/14, a referral to a special report on utilization review reconsideration, dated 9/16/14l was referred to. The patient had been provided with psychological evaluation and treatment. There were no subjective complaints, objective findings, and diagnosis documented in this visit. Diagnostic impression (from 8/26/14 orthopedic evaluation report): cervical strain with radicular complaints, lumbosacral sprain/strain, and stress/anxiety. Treatment to date: medication management. A UR decision dated 10/7/14 denied the requests for omeprazole and Xanax. The request for Xanax cannot be certified since it exceeds the guidelines for short-term use. A specific rationale for denial of omeprazole was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg BID #60: 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 97692.24.2 NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment 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. However, in the present case, there is no documentation of gastrointestinal complaints in the medical records provided for review. In addition, there is no documentation that this patient is currently taking and NSAID. Therefore, the request for Omeprazole 20mg BID #60 was not medically necessary.

Xanax 0.5mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Benzodiazepines Page(s): 24.

Decision rationale: 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. However, in the present case, there is no documentation indicating how long this patient has been taking Xanax. Guidelines do not support the long-term use of benzodiazepine medications. Therefore, the request for Xanax 0.5mg BID #60 was not medically necessary.