

<b>Case Number:</b>	CM14-0022555		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 patient is a 57-year-old male who has filed a claim for cervical sprain/strain associated with an industrial injury date of May 23, 2006. Review of progress notes indicates neck and upper back pain, and that omeprazole pills induced gastritis. Findings include tenderness and decreased range of motion of the neck, and mid scapular pain. Patient also had epigastric pain. Treatment to date has included opioids and Xanax. Utilization review from February 11, 2014 denied the retrospective requests for Xanax 0.5mg #60 as this is not recommended for long-term use; omeprazole 20mg #30 as this medication induced gastritis; and tramadol 50mg #120 as the patient had already been provided with a refill for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS: 12/5/13) FOR XANAX 0.25MG, ONE TAB QD #60:**  
Upheld

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

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

**Decision rationale:** As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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 hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least July 2013 for muscle spasms. There is no documentation of muscle spasms in the provided progress notes. Also, this medication is not recommended for chronic use. Therefore, the request for Xanax 0.25mg #60 was not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 12/5/13) FOR OMEPRAZOLE 20MG, ONE CAP QD, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

**Decision rationale:** According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age great than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI for more than 1 year has been shown to increase the risk of hip fracture. There is no documentation that the patient is on NSAID therapy, or has the abovementioned risk factors. Also, progress notes indicate that the patient has omeprazole-induced gastritis. Therefore, the request for omeprazole 20mg #30 was not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 12/5/13) FOR TRAMADOL 50MG, ONE TAB QD #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on pages 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Tramadol 50mg #30 was not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 1/17/14) FOR XANAX 0.5MG, ONE TAB QD #30:** Upheld

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

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

**Decision rationale:** As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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 hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least July 2013 for muscle spasms. There is no documentation of muscle spasms in the provided progress notes. Also, this medication is not recommended for chronic use. Therefore, the request for Xanax 0.5mg #30 was not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 1/17/14) FOR OMEPRAZOLE 20MG, ONE CAP QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

**Decision rationale:** According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI for more than 1 year has been shown to increase the risk of hip fracture. There is no documentation that the patient is on NSAID therapy, or has the abovementioned risk factors. Also, progress notes indicate that the patient has omeprazole-induced gastritis. Therefore, the request for omeprazole 20mg #30 (was not medically necessary.