

Case Number:	CM14-0031482		
Date Assigned:	06/20/2014	Date of Injury:	06/04/2001
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/13/2014

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 and is licensed to practice in Illinois. 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 50-year-old female who reported injury on 06/04/2001. The specific mechanism of injury was not provided. The clinical documentation indicated the injured worker had been utilizing Protonix, Premarin, Novalog, Plavix, aspirin, lisinopril, Abilify, Klonopin, Lorzone, Lamictal, promethazine, and Roxicodone as of 11/2013. The documentation of 01/29/2014 revealed the injured worker was in the clinic for medication refill. The injured worker indicated with the medication the greatest level of analgesia obtained as a 6/10 to 7/10 from a 10/10. The injured worker was noted to show a history of compliance with random urine drug screens, consistency with taking medications as prescribed and displayed no signs of divergence or abuse. Diagnoses included displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, reflex sympathetic dystrophy of the upper limb, spasmodic torticollis, and unspecified disorders of the bursae and tendons shoulder region. The treatment plan included to discontinue the Klonopin as ineffective, and start Xanax 0.5 mg 1 by mouth 4 times a day #120 for anxiety, as well as initiating Carafate 1 g AC and HS #60 for acid reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

SULCRALFATE (CARAFATE) 1 G #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment dyspepsia secondary to NSAID therapy. The documentation indicated the injured worker would be starting the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Sucralfate (Carafate) 1 g #60 is not medically necessary.

ALPRAZOLAM (XANAX) 0.5 MG #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as the treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 2 months. There was a lack of documentation of objective functional benefit. Additionally, it was indicated the injured worker was to stop Klonopin and start Xanax. However, there was a lack of documentation indicating a necessity for another medication in the same classification and there was a lack of documentation indicating the necessity for 120 tablets. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for alprazolam (Xanax) 0.5 mg #120 is not medically necessary.