

<b>Case Number:</b>	CM14-0034881		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; anxiolytic medications; transfer of care to and from various providers in various specialties; and earlier epidural steroid injection therapy. In a utilization review report dated February 14, 2014, the claims administrator approved a surgical consultation, approved Norco, partially certified Prilosec, and partially certified Quazepam, a benzodiazepine anxiolytic. The applicant's attorney subsequently appealed. In a progress note dated February 6, 2014, the applicant was described as having failed to respond to an earlier steroid injection. The applicant was reporting severe pain. The applicant was having issues with nausea/dyspepsia, apparently a function of Neurontin usage. The applicant was on Norco, omeprazole, phentermine, Zestril, hydrochlorothiazide, and quazepam, it was stated. The applicant was apparently not working with a rather proscriptive 10-pound lifting limitation in place. Norco, Prilosec, quazepam, and a surgical consultation were sought. Another section of the report stated that the applicant was off of work, on total temporary disability. In a January 2, 2014 progress note, the applicant was having issues with medication side effects/medication-induced dyspepsia. The applicant stated that the Prilosec was helping to ameliorate the same. The applicant was having ongoing issues with sleep disturbance, it was further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg Qty: 60.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDs, GI Symptoms and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** As noted in page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has reported medication-induced dyspepsia and has, furthermore, stated that ongoing usage of omeprazole has been effective in alleviating the same. As such, the request is medically necessary and appropriate.

**Quazepam 15 mg Qty: 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the ACOEM Guidelines in Chapter 15, page 402, do acknowledge that anxiolytic medications such as Quazepam may be appropriate for brief periods in cases for overwhelming symptoms so as to allow an applicant to recoup emotional or physical recourses, in this case, however, the attending provider has indicated that he intends to employ Quazepam on a chronic, long-term, and/or scheduled use purposes for insomnia. This is not an approved indication for Quazepam, per the ACOEM Guidelines. Therefore, the request is not medically necessary.