

Case Number:	CM14-0035542		
Date Assigned:	06/23/2014	Date of Injury:	05/26/2010
Decision Date:	07/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 44-year-old female who sustained an injury on 05/26/10 while lifting heavy objects. The injured worker developed complaints of neck pain and low back pain. She was followed by a treating physician for pain management for chronic neck pain and bilateral knee pain. Medications included Cyclobenzaprine, Omeprazole, and Tramadol. The injured worker was referred for further surgical intervention including lateral meniscectomy of the right and left knees. Prior treatment included cervical epidural steroid injections. The injured worker was provided topical medications for pain. She was also prescribed separate medications by another treating physician, including glucosamine, multiple medical foods, and topical compounded medications. Ativan, Norco and Lyrica were ordered. Recent toxicology screens were consistent with Hydrocodone use; however there were negative findings for Lorazepam (Ativan). The injured worker was seen by the original treating physician on 03/04/14 with persistent complaints of pain in the bilateral shoulders and knees that was severe: 8/10 on the visual analogue scale (VAS). There was loss of range of motion in the bilateral shoulders, right worse than left. The injured worker also had loss of range of motion in the bilateral knees. There were no motor weaknesses or reflex changes identified. Medications continued at this visit included topical compounded medications and Flexeril. The requested Omeprazole 20mg #60 and Ativan 1mg #60 were denied by utilization review on 03/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: 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 Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: In regards to the use of Omeprazole 20mg #60, this reviewer does not recommend this medication as medically necessary based on the clinical documentation provided for review and current evidence-based guideline recommendations. The records did not discuss any side effects, such as gastritis or acid reflux, from oral medication usage. There was no documentation provided to support a diagnosis of gastro-esophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor (PPI), this request is not medically necessary or appropriate.

Ativan 1 mg. #60: Upheld

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

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

Decision rationale: In regards to the use of Ativan 1mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. Furthermore, there were noted ongoing inconsistent findings on toxicology results with negative findings for lorazepam. As such, this reviewer would not recommend continuing use of this medication.