

Case Number:	CM14-0045793		
Date Assigned:	07/09/2014	Date of Injury:	11/27/2006
Decision Date:	09/16/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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:

This is a 60 year-old female who has reported bilateral wrist pain of gradual onset, attributed to usual work activity, with a listed date of injury on 11/27/2006. Treatment has included surgical releases of the carpal tunnels and first dorsal compartments, and ongoing medications. Medical reports over the last 3 years show ongoing dispensing of tramadol, Xanax, and Prilosec. Urine drug screens on 7/17/13 and 9/5/13 were negative for all opioids and benzodiazepines, yet this was not discussed with respect to the ongoing prescribing for opioids and Xanax. Serial reports from the treating physician are largely identical. None of the reports discuss the specific and ongoing indications for the medications, or the specific results of using any medication. Reports do not show ongoing use of NSAIDs. On 8/27/13, 10/8/13, 11/19/13, and 12/31/13, tramadol, Xanax, and Prilosec were ongoing, and refilled. Work status was "temporarily totally disabled". Symptoms were unchanged. Per the PR2 of 2/04/2014, there was ongoing hand and wrist pain, and positive Finkelstein's, Tinel's and Phalen's testing bilaterally. Current medications included Prilosec for "gastritis" attributed to NSAIDs, Xanax for anxiety, and Tramadol for pain. Work status was "temporarily totally disabled". Medications were refilled. On 3/25/14, Utilization Review non-certified prescriptions for Xanax and Prilosec. Note was made that the injured worker was not taking NSAIDs, and that the MTUS did not support these medications as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

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

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

Decision rationale: The MTUS does not recommend benzodiazepines for long term use for any condition. The treating physician has not provided a sufficient account of the indications and functional benefit from this medication. The treating physician did not discuss the implications of the two drug tests that were negative for benzodiazepines while Xanax was reportedly in use. No medical reports discuss any specific benefit from Xanax, and work status remains as "temporarily totally disabled", which implies no functional improvement at all. Xanax is not medically necessary based on the MTUS recommendations against long term use, the failed drug screens, and the lack of any specific benefit.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. This patient is not taking NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. The only stated indication in the medical records is that of NSAID-induced gastritis, yet there is no record of ongoing use of NSAIDs. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.