

Case Number:	CM14-0053179		
Date Assigned:	07/07/2014	Date of Injury:	08/20/1997
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/22/2014

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 is licensed to practice in Nevada. 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 51-year-old male who was reportedly injured on August 20, 1997. The mechanism of injury was pulling a large heavy waste bin out of an enclosure. The most recent progress note dated June 10, 2014, indicated that there were ongoing complaints of low back pain. The injured employee stated that he is currently taking tramadol, Prilosec and naproxen as well as topical creams. The physical examination demonstrated tenderness over the lumbar spine with trigger points and muscle spasms. There was decreased lumbar spine range of motion. Diagnostic nerve conduction studies of lower extremities were normal. A magnetic resonance image of the lumbar spine noted multilevel small posterior disc bulges and osteophytes. Previous treatment included physical therapy. A request had been made for Prilosec and Xanax and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec: Proton Pump Inhibitors NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009 Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of Gastroesophageal Reflux Disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There was no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee did not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule guidelines. Therefore, the request for Prilosec is not medically necessary.

Xanax 1mg #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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Benzodiazepines Page(s): 24.

Decision rationale: Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. Considering this, the request for Xanax is not medically necessary.