

<b>Case Number:</b>	CM14-0062674		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 54-year-old male who was reportedly injured on March 2, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 13, 2014, indicates that there are ongoing complaints of neck pain, left shoulder pain, bilateral knee pain and low back pain. There is a history of a left knee surgery performed in March 2013. The physical examination noted normal cervical spine range of motion with pain. Examination of the left shoulder noted decreased range of motion. There was a normal upper extremity neurological examination regarding the lumbar spine. There was tenderness and spasms over the lumbar paraspinal muscles and reduced lumbar spine range of motion. There was a positive bilateral straight leg raise test and decreased motor strength of 4/5 at the left extensor hallucis longus, gastroc, peroneal's, hamstrings and quadriceps. Diagnostic imaging studies were not discussed during this visit. A request was made for Xanax and Prilosec and was not certified in the pre-authorization process on April 24, 2014. 7941

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg Qty: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (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 medical record does not indicate that the injured employee has a history of anxiety or panic disorders. Considering this, the request for Xanax is not medically necessary.

**Prilosec 20mg Qty:90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (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 is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for Prilosec is not medically necessary.