

Case Number:	CM14-0063012		
Date Assigned:	06/23/2014	Date of Injury:	01/16/2002
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 injured worker is a 65 year old female who reported an injury on 01/15/2002 who slipped and fell in oil on her right side. On 02/04/2014 the injured worker complained of radiating pain in both of her legs and cramps. It was noted the pain was aggravated by the cold weather and her pain level was 7/10. On a 02/04/2014 mental status exam the injured worker denies any homicidal ideation and her memory was intact. On the physical examination revealed of the cervical spine normal range of motion but complained of extreme pain with flexion and extension. The injured worker range of motion for cervical spine and shoulder was within normal limits. It was noted the examination of the lumbosacral spine the injured worker had a slight antalgic gait without any assistive device. It was noted that the straight leg test caused hamstring tightness and low back pain. There was tenderness to palpation at the L4-L5 bilateral posterior, superior iliac spine with muscle spasms. The examination of the left knee revealed slight tenderness and swelling, the right knee was restricted and the extension was 10 degrees, it was noted there was tenderness on sides of the scar on deep palpation and the inferior pole of the patella and medial joint. The diagnoses of the injured worker included right hip sprain, left shoulder pain, lumbar sprain, bilateral knee sprain, S/P left total knee replacement, gastritis, S/P total knee replacement on the right side, anxiety/stress and depression. The injured worker's medication included Prilosec 20mg, Xanax 0.5mg, Norco 10/325mg and Cymbalta 120mg. There was a urine drug screen submitted on 11/27/2013 that was negative for the injured worker ongoing compliance regiment of the 60 tablets Norco 10/325mg. The treatment plan includes a decision for 30 tablets of Alprazolam (Xanax) 0.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Alprazolam (Xanax) 0.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition Chapter: Pain.

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

Decision rationale: The MTUS Chronic Pain Guidelines state benzodiazepines are not recommended for long term- use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. There is ongoing documentation indicated an Alprazolam 0.5mg prescription from at least 11/26/2013. The Guidelines do not support the long term use of benzodiazepines. As such, the request is not medically necessary and appropriate.

60 tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: The MTUS Chronic Pain Guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is lack of documentation stating the efficacy of the Norco 10/325 mg of the medication. There was no documentation provided of conservative care the injured worker has attended. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was a urine drug screen submitted on 11/27/2013 that was negative for the injured worker use of the ongoing compliance regiment of the Norco 10/325mg. In addition, the request does not include the frequency. Given the above, the request is not medically necessary and appropriate.

60 capsules of Omeprazole (Prilosec) 20 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Per the MTUS Chronic Pain Guidelines, Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided

did not indicate that the injured worker had gastrointestinal events. In addition, the request lacked frequency of the medication for the injured worker. As such, the request is not medically necessary and appropriate.