

Case Number:	CM14-0081605		
Date Assigned:	07/18/2014	Date of Injury:	01/15/2002
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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:

This 65 year-old patient sustained an injury on 1/15/2002 from a slip and fall on oil while employed by [REDACTED]. Request under consideration include 30 Tablets of Xanax 0.5mg, 60 Tablets of Norco 10-325mg, 60 Tablets of Prilosec 20mg, and 30 Tablets of Celexa 20mg between 4/29/2014 and 6/13/2014. Diagnosis list Sprain of Sacrum. Report of the provider has diagnoses of right hip sprain, left shoulder pain, lumbar sprain, bilateral knee sprain, gastritis, anxiety, stress, and depression. The patient is s/p TKR on 5/28/13 (History of bilaterak TKR). Medications list Celexa, Norco, Xanax, and Prilosec. Report of 4/3/14 from the provider noted the patient with complaints of ongoing chronic low back pain radiating to right lower extremity along with left shoulder pain. Exam was unchanged with treatment for medication refills. The requests for 30 Tablets of Xanax 0.5mg, 60 Tablets of Norco 10-325mg, 60 Tablets of Prilosec 20mg, and 30 Tablets of Celexa 20mg between 4/29/2014 and 6/13/2014 were non-certified on 5/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Xanax 0.5mg between 4/29/2014 and 6/13/2014.: 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: Xanax Tablets (alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered without discussion of aberrant drug behavior. The 30 Tablets of Xanax 0.5mg between 4/29/2014 and 6/13/2014 is not medically necessary and appropriate.

60 Tablets of Norco 10-325mg between 4/29/2014 and 6/13/2014.: 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 Opioids Page(s): 74-96.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening negative for prescribed opiates on 3/6/14; however, no adjustment was made by the provider regarding the aberrant drug behavior. Review indicated recommendation for weaning per previous peer review. The California (MTUS) provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 60 Tablets of Norco 10-325mg between 4/29/2014 and 6/13/2014 is not medically necessary and appropriate.

60 Tablets of Prilosec 20mg between 4/29/2014 and 6/13/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter:Pain.

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

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 60 Tablets of Prilosec 20mg between 4/29/2014 and 6/13/2014 is not medically necessary and appropriate.

30 Tablets of Celexa 20mg between 4/29/2014 and 6/13/2014.: 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 Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines does not recommend Celexa. Celex is a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs). There is no evidence of failed treatment with first-line tricyclics (TCAs). Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 2002 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The 30 Tablets of Celexa 20mg between 4/29/2014 and 6/13/2014 is not medically necessary and appropriate.