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| <b>Case Number:</b>   | CM14-0087563 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 03/01/2011 |
| <b>Decision Date:</b> | 09/25/2014   | <b>UR Denial Date:</b>       | 05/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/11/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured on 03/01/11 due to an undisclosed mechanism of injury. Diagnoses include low back pain and neck pain. Clinical note dated 04/24/14 indicates the injured worker presented complaining of persistent low back and neck pain exacerbated by recent increase in activity. The injured worker reported having to utilize approximately 3-4 Norco per day. The injured worker reported a decrease in pain from 7/10 to 3/10 with the use of medications. The injured worker reported the use of medications allowed him to work full time, exercise regularly, and stay active at home. The injured worker continued to utilize psychotherapy through private insurance and reported it to be helpful. Medications included Norco, Relafen, Prilosec, Effexor, Flexeril, Biofreeze, and Xanax. The injured worker reported recent difficulties at work due to personality conflict with his administrators and recently placed on administrative leave. Objective findings included mild tenderness to lumbar/cervical paraspinal muscles and full range of motion with reproducible pain. Treatment plan included continuation of medications as prescribed and individual psychotherapy. Initial request for Prilosec 20 mg #30 and Xanax 0.5 mg #60 was non-certified on 05/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines-Proton pump inhibitors.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20mg #30 cannot be established as medically necessary. Therefore, this request is not medically necessary.

**Xanax 0.5mg #60:** Upheld

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

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

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical 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. Studies have shown that tolerance to its effects develops rapidly. It has been found that long-term use may actually increase anxiety. As such the request for Xanax 0.5mg #60 cannot be recommended as medically necessary at this time. Therefore, this request is not medically necessary.