

Case Number:	CM13-0056431		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2009
Decision Date:	03/06/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male sustained a work related injury on 6/1/2009. The mechanism of injury was not described. The current diagnoses are lumbar degenerative disc disease, lumbar disk protrusion, and probable left S1 radiculopathy. According to the progress report dated 8/23/2013, the injured workers chief complaints were low back pain and numbness to left leg. Additionally, he reports depression due to pain. The physical examination revealed tenderness to palpation to the lumbar spine at L1-S1 with muscle spasms to the paralumbar musculature. Range of motion: Flexion is 30 degrees; extension is 15 degrees, and left and right lateral flexion 15 degrees. Straight leg raising test was positive. The medication list was not specified in the progress report provided. On this date, the treating physician prescribed Prilosec 20mg #60, Metformin 500mg #30, and Xanax ER 0.5mg #60, which is now under review. The Prilosec was prescribed specifically for gastric mucosa, the Metformin to control type II diabetes, and the Xanax for anxiety. In addition to medications, the treatment plan included physical therapy, gastroenteritis evaluation, psychiatric evaluation, and follow-up in 6 weeks. An EMG/NCS on 5/22/2013 showed electrophysiological evidence of moderate left L5 radiculopathy and also abnormal nerve conduction velocity study. Findings revealed evidence of peripheral sensory neuropathy. When the medications were prescribed work status was temporarily totally disabled. On 10/22/2013, Utilization Review had non-certified a prescription for Prilosec 20mg #60, Metformin 500mg #30, and Xanax ER 0.5mg #60. The Xanax was modified to #30 to allow for tapering and discontinuation. The Prilosec was modified to #30 to comply with referenced guidelines. The Metformin was non-certified based on no clear documentation how

metformin is related to the back injury. The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PRILOSEC 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with low back pain, numbness to the left leg and depression due to pain. The request is for PRILOSEC 20MG #60. Patient's diagnosis on 11/05/13 included lumbar degenerative disk disease and lumbar disk protrusion. EMG study dated 05/22/13, per treater report dated 08/23/13 revealed "electrophysiological evidence of moderate left L5 radiculopathy and also abnormal nerve conduction velocity study. Patient's medication which were renewed per treater report dated 08/23/13 included Prilosec, Xanax, Metformin, Fexmid, Naproxen, Norco, and Naproxen. Patient is temporarily totally disabled. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Prilosec has been prescribed for "gastric mucosa," and was also included in progress reports dated 08/23/13 and 11/05/13. Per treater report dated 08/23/13, "patient is recommended to have a gastroenteritis specialist evaluation..." It appears patient has history of GI issues and a diagnosis of gastroenteritis. Patient is on oral NSAID therapy, and prophylactic use of PPI is indicated by MTUS. Therefore, the request for Prilosec IS medically necessary.

PRESCRIPTION OF METFORMIN 500MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) DIABETES (UPDATED 09/05/13), METFORMIN (GLUCOPHAGE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes (Type 1, 2, and Gestational) Chapter under Metformin (Glucophage)

Decision rationale: The patient presents with low back pain, numbness to the left leg and depression due to pain. The request is for METFORMIN 500MG #30. Patient's diagnosis on 11/05/13 included lumbar degenerative disk disease and lumbar disk protrusion. EMG study

dated 05/22/13, per treater report dated 08/23/13 revealed "electrophysiological evidence of moderate left L5 radiculopathy and also abnormal nerve conduction velocity study. Patient's medication which were renewed per treater report dated 08/23/13 included Prilosec, Xanax, Metformin, Fexmid, Naproxen, Norco, and Naproxen. Patient is temporarily totally disabled. ODG-TWC, Diabetes (Type 1, 2, and Gestational) Chapter under Metformin (Glucophage) states: "Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. (Nicholson, 2011) As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients." Per treater report dated 08/23/13, Metformin is prescribed for control of type II Diabetes, as indicated by internal medicine physician. The request meets guideline recommendation. Therefore, Metformin IS medically necessary.

PRESCRIPTION OF XANAX ER 0.5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

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

Decision rationale: The patient presents with low back pain, numbness to the left leg and depression due to pain. The request is for XANAX ER 0.5MG #60. Patient's diagnosis on 11/05/13 included lumbar degenerative disk disease and lumbar disk protrusion. EMG study dated 05/22/13, per treater report dated 08/23/13 revealed "electrophysiological evidence of moderate left L5 radiculopathy and also abnormal nerve conduction velocity study. Patient's medication which were renewed per treater report dated 08/23/13 included Prilosec, Xanax, Metformin, Fexmid, Naproxen, Norco, and Naproxen. Patient is temporarily totally disabled. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Per treater report dated 08/23/13, patient is recommended a "psychiatric evaluation consult for his depression," and Xanax is prescribed for anxiety, which is 2 months from UR date of 10/22/13. Guidelines do not recommend long term use due to risk of dependence. Furthermore, the request for quantity 60 does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.