

<b>Case Number:</b>	CM14-0014473		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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. 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, Arizona

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:

The injured worker is a 60-year-old female who reported an injury on 08/12/2010. The mechanism of injury was not provided. Diagnoses were chronic cervical spine strain and sprain, and bilateral elbow lateral epicondylitis. On 10/29/2013, the injured worker presented with a chief complaint of a flare-up of pain to the left forearm and elbow noted to lateral epicondyle with swelling. Current medications included ibuprofen, Prilosec, Xanax, and Prosom. The treatment plan included continuation of Prilosec 200 mg, Xanax 0.5 mg, and Prosom 3 mg. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 200 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-70.

**Decision rationale:** The request for Prilosec 200 mg is not medically necessary. According to the California MTUS Guidelines, Prilosec may be recommended for injured workers with dyspepsia secondary to NSAID therapy, or for those taking NSAID medications or are at moderate to high risk for gastrointestinal events. There is no evidence of treatment history or length of time the injured worker has been prescribed Prilosec. Additionally, there is no evidence of the injured worker being at moderate to high risk for gastrointestinal events. As such, medical necessity has not been established.

**XANAX 0.5 MG #30:** 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 request for Xanax 0.5 mg, with a quantity of 30, is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven, and there is a risk for dependence. Most guidelines limit the use for 4 weeks. The injured worker has been prescribed this medication previously. However, the efficacy of the prior use of the medication has not been provided. There was a lack of objective functional benefits with the prior medication use to support continued use. Additionally, the frequency of the medication was not submitted in the request. As such, medical necessity has not been established.

**PROSOM 2 MG #30:** 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 request for Prosom 2 mg, with a quantity of 30, is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven, and there is a risk for dependence. Most guidelines limit the use for 4 weeks. The injured worker has been prescribed this medication previously. However, the efficacy of the prior use of the medication has not been provided. There was a lack of objective functional benefits with the prior medication use to support continued use. Additionally, the frequency of the medication was not submitted in the request. As such, medical necessity has not been established.