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| Case Number: | CM14-0188324 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 10/14/2009 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Family Medicine, 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:

Patient had a date of injury on 10/14/2009. Patient fell forward onto her knees and right elbow. Patient has back and neck pain from a previous injury. The patients neck and back pain were aggravated by the accident. Diagnosis includes chronic lumbar pain, chronic cervical pain, left knee tendinosis, depression/anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-86.

Decision rationale: Based on guidelines it states first line treatment should be used prior to opioids. Opioids should only be used for moderate pain and the patient should have functional improvement. According to the medical records the patient shows no improvement with opioids and thus is not medically necessary.

Xanax .25 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Benzodiazepines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Xanax

Decision rationale: According to guidelines it states benzodiazepines are not recommended for long term use greater than 4 weeks. These medications are known to be highly addictive. Based on medical records this patient has been on Xanax for prolonged periods of time and is not medically necessary.

Prilosec 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to guidelines omeprazole is to be used when NSAIDs are used for patients at increased risk of gastritis. According to medical records there is no documentation that the patient is at increased risk of gastritis thus is not medically necessary.