

<b>Case Number:</b>	CM14-0202061		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	10/04/1999
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 57-year-old man who sustained a work-related injury on October 4, 1999. Subsequently, he developed chronic low back pain. Prior treatments included: physical therapy, acupuncture, cortisone injection, TENS unit, medications, and lumbar fusion at L5-S1 on February 23, 2010. According to the progress report dated October 14, 2014, the patient complained of moderate to severe constant low back pain, which increased with activity. Objective findings included: restricted range of motion with flexion at 50 degrees, extension at 25 degrees, left lateral bend at 20 degrees, and right lateral end at 20 degrees. Deep tendon reflexes were +1 bilateral Achilles and patella. Positive straight leg raise in the seated position reproducing back. Motor strength testing 5-/5 in right EHL and gastrocnemius. Sensation was intact to light touch at bilateral lower extremities. EMG/NCV study performed on September 19, 2006 was abnormal for S1 radiculopathy. The patient was diagnosed with post laminectomy syndrome, lumbar disc disease, and lumbar radiculitis. The provider requested authorization to use Xanax, Anaprox, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #30:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The injured worker was prescribed Xanax in the past and there is no justification to continue the medication. There is no recent documentation of insomnia related to pain in this case. Therefore the use of Xanax 0.5mg #30 is not medically necessary.

**Anaprox 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Selective Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 72.

**Decision rationale:** There is no documentation of the rationale behind using Anaprox. Per guidelines, NSAIDs should be used for the shortest duration and the lowest dose. There is no documentation from the injured worker file that the provider titrated Anaprox to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the injured worker for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the injured worker developed arthritis pain that justify continuous use of Anaprox. There is no documentation of pain and functional improvement of previous use of Anaprox. Therefore, the request for Anaprox is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the injured worker has GI issue that requires the use of Prilosec. There is no documentation in the injured worker's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 prescription is not medically necessary.

