

Case Number:	CM14-0219218		
Date Assigned:	01/09/2015	Date of Injury:	02/20/2010
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on February 20, 2010. He has reported low back and right hand pain. The diagnoses have included lumbar disc desiccation and disc space narrowing moderate to severe at L4-5 with modic endplate changes, lumbar intervertebral disc herniation at L4-5 with facet hypertrophy causing spinal canal and foraminal stenosis and lumbar radiculitis. Treatment to date has included physical therapy, chiropractic therapy, use of a back brace, and epidural injections. MRI studies have been performed and the injured worker was evaluated by a spine surgeon who requested lumbar surgery. Currently, the injured worker complains of continued wrist pain sufficient to interfere with most activities of daily living. On December 11, 2014 Utilization Review non-certified a request for Prilosec, 20 mg, #60 p.o. q 4h with one refill, noting the guidelines do not provide for any use of a proton pump inhibitor when the patient is not on an NSAID and complications of long term use of these medications should be considered when prescribing. The California MTUS was cited. On December 11, 2014, Utilization Review non-certified a request for alprazolam ER 0.5 mg #30, noting the guidelines specifically state that benzodiazepines are not recommended given the unproven long term efficacy and risk of dependence. The California MTUS was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of Prilosec 20 mg #60 with one refill and alprazolam ER 0.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

PriLOSEC 20mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic low back and right hand pain. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of PriLOSEC was not medically necessary.

Alprazolam ER 0.5mg #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. p24 Page(s): 24.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic low back and right hand pain. Alprazolam is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of alprazolam is not medically necessary.