

Case Number:	CM15-0000696		
Date Assigned:	01/12/2015	Date of Injury:	09/04/2008
Decision Date:	03/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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:

The injured worker is a 62-year-old male, who sustained an industrial injury on cumulative injuries dated January 1, 1999 through September 4, 2008. The documentation submitted with the case for review was all psychological visits and did not given medical history. Treatment to date has included medication management for pain control, physiological counselling and routine monitoring. Currently, the Injured Worker complains of depression, sleep disturbance, anxiety, restlessness and lower back pain. Diagnoses at this time included displacement of cervical intervertebral disc without myelopathy, depressive disorder and psychiatric factors associated with disease process. On December 3, 2014, the Utilization Review non-certified a request of a prescription for Omeprazole 20mg, 60 counts with two refills, noting the documentation did not support that the worker had risk factors or gastrointestinal symptoms to warrant the medication. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 2, 2015, the injured worker submitted an application for IMR for review of a prescription for Omeprazole 20mg, 60 count with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and 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 63 year old male patient, date of injury 09/04/08 presents with persistent symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche. The request is for OMEPRAZOLE 20MG #60 WITH 2 REFILLS. The request for authorization is dated 11/18/14 for medications (Wellbutrin, BuSpar, Ambien, Xanax and Omeprazole). A brief "narrative report" dated 11/18/14 with a "checklist" progress report were only reports provided for review. Patient's depressive clusters include depression, changes in weight, sleep disturbance and agitation. Patient's anxiety clusters include excessive worry, shaking, restlessness, inability to relax and shortness of breath. Patient's improvements in symptoms and functions include better concentration, spending less time in bed and feeling less fatigued, socially feeling less isolated and irritable, and emotionally less depressed and nervous. Patient's work status was not available. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. 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." Treater has not provided reason for the request. Per progress report dated 11/18/14, treater states "It should be noted relevant to multiple medications that there have not been any significant side effects or negative interactions relevant to these medications." However, the patient is not even on any oral NSAIDs. Additionally, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required by guidelines, the request IS NOT medically necessary.

Xanax 0.5mg #60 with T BID 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Alprazolam (Xanax)

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

Decision rationale: The 63 year old male patient, date of injury 09/04/08 presents with medication management for persistent symptoms of depression, anxiety and stress-related medical complaints. The request is for XANAX 0.5MG #60 WITH T BID 3 REFILLS. The request for authorization is dated 11/18/14 for medications (Wellbutrin, BuSpar, Ambien, Xanax and Omeprazole). A brief "narrative report" dated 11/18/14 with a "checklist" progress report were only reports provided for review. Patient's depressive clusters include depression, changes in weight, sleep disturbance and agitation. Patient's anxiety clusters include excessive worry,

shaking, restlessness, inability to relax and shortness of breath. Patient's improvements in symptoms and functions include better concentration, spending less time in bed and feeling less fatigued, socially feeling less isolated and irritable, and emotionally less depressed and nervous. Patient's work status was not available. 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 progress report dated 11/18/14, treater's reason for the request is "the medications all interact to improve anxiety, depression, confusion, emotional control and stress-intensified medical complaints." Guidelines do not recommend long term use due to risk of dependence. Report dated 11/18/14 was only report submitted for review and did not discuss when and for how long the patient has been prescribed Xanax. Furthermore, the request for quantity 60 with 3 refills does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.