

<b>Case Number:</b>	CM15-0003789		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, 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 56-year-old male who reported injury on 04/13/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of right knee medial meniscus tear, plus chondromalacia of the patella; left knee overuse syndrome; bilateral shoulder post-traumatic arthrosis of the acromioclavicular joints; depression and anxiety; insomnia; GERD; sexual dysfunction; cervical C5-6 herniated nucleus pulposus; right wrist sprain; and status post arthroscopic medial meniscectomy and chondroplasty patella of the right knee. Past medical treatment consists of surgery, physical therapy, injections, and medication therapy. Medications include Xanax, Prilosec, and Nexium. On 09/29/2014, the injured worker underwent a urine drug screen, showing that the injured worker was compliant with prescription medications. On 10/27/2014, the injured worker was seen for a follow-up appointment, where he complained of right shoulder pain. The injured worker also complained of mild right wrist pain. Physical examination noted that the shoulder had a flexion of 110 on the right and 160 on the left; abduction of 30 on the right and 160 on the left; internal rotation of 70 on the right and 80 on the left; external rotation of 70 on the right and 90 on the left. Jamar hand grip testing revealed 20/20/20 on the right and 60/60/45 on the left. The treatment plan was for the injured worker to continue with medication therapy, to include Prilosec and Xanax. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

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

**Decision rationale:** The request for Prilosec 20 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended for patients with dyspepsia secondary to NSAID therapy, or for those taking NSAID medications who are at moderate risk to high risk for gastrointestinal events. It was noted in the submitted documentation that the injured worker had a diagnosis of GERD. However, the efficacy of the medication was not submitted for review, nor was there any indication that the Prilosec was helping with any functional deficits the injured worker had. Additionally, there were no rationales submitted for review to warrant the request. Furthermore, the request as submitted did not specify a frequency or duration for the medication. Given the above, the request would not be indicated. As such, the request is not medically necessary.

**Xanax 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Alprazolam (Xanax)

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

**Decision rationale:** The request for Xanax 1 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. The documentation indicates that the injured worker had been on the medication since at least 10/2014, exceeding the recommended guidelines for short term use. Given that there were no other significant factors provided to justify the use outside of current guidelines, the request would not be indicated. Additionally, the request as submitted did not specify a frequency or duration of the medication. Given the above, the request is not medically necessary.