

<b>Case Number:</b>	CM15-0103011		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	11/24/1998
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 43-year-old female, who sustained an industrial injury on November 24, 1998. She reported a left foot injury. The injured worker was diagnosed as having fibromyalgia, chronic mid/low back pain, insomnia, depression, gastrointestinal reflux disease, gastrointestinal reflux disease/dyspepsia with gastroparesis, and depression with anxiety. Diagnostic studies to date have included toxicology screening. Treatment to date has included home care and medications including short-acting and long acting opioid pain, topical pain, anti-epilepsy, muscle relaxant, antidepressants, wakefulness-promoting, anti-anxiety, anti-diarrheal, and topical non-steroidal anti-inflammatory. On April 9, 2015, the treating physician noted severe fatigue, her pain level fluctuates quite a bit, and she developed vaginitis with whitish discharge while taking an antibiotic medication. She was having much abdominal pain and was seen in the emergency room on March 24, 2015. She was hospitalized for 8 days for suspected, but not confirmed gall bladder disease. She is still missing several teeth. She sees a gastrointestinal specialist privately and a pain management physician. Her proton pump inhibitor medication helps control her gastrointestinal symptoms, but her irritable bowel syndrome is very stress driven and is difficult to control and. The physical exam revealed a soft abdomen and slight epigastric and left lower quadrant tenderness to palpation. The treatment plan includes continuing the proton pump inhibitor and antianxiety medications: Nexium and Lorazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a 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 gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is mention of current gastrointestinal disease however not failure of H2 blockers. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.

**Lorazepam 2mg #90: 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 Page(s): 22.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason, the request is not medically necessary.