

Case Number:	CM15-0136669		
Date Assigned:	07/24/2015	Date of Injury:	11/13/2003
Decision Date:	09/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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, Georgia
 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 59 year old female injured worker suffered an industrial injury on 11/13/2003. The diagnoses included myalgia and myositis, carpal tunnel syndrome and ganglion of joint. The treatment included medications. On 3/20/2015, the treating provider reported continued total body pain, chronic fatigue and problem sleeping. On exam there were 12 plus trigger points. The injured worker had not returned to work. The requested treatments included Retrospective request DOS 3/20/2015 for Lorazepam, Omeprazole and Zaleplon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pharmacy purchase of Lorazepam (Ativan) 0.5mg #30 with 2 refills, DOS: 03/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 24.

Decision rationale: CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. 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. In this case, the claimant has been treated with Xanax for longer than the recommended 4 weeks. Ongoing use of lorazepam is not medically necessary.

Retrospective request for Pharmacy purchase of Omeprazole (Prilosec, Zegerid) 20mg #60 with 2 refills, DOS: 03/20/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and omeprazole therefore is not medically necessary.

Retrospective request for Pharmacy purchase of Zaleplon (Sonata, Starnoc and Andante) 10mg #30 with 2 refills, DOS: 03/20/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

Decision rationale: The CA MTUS is silent on the use of Sonata. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep "sleep onset, sleep maintenance, sleep quality and next day function." In this case, the medical records do not detail any history of the insomnia or response to treatment with Sonata. Therefore, there is no documentation of the medical necessity of treatment with Sonata and the UR denial is upheld.