

Case Number:	CM15-0142390		
Date Assigned:	08/03/2015	Date of Injury:	01/25/2006
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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 57 year old male who sustained an industrial injury on 01-26-06. Initial complaints and diagnoses are not available. Treatments to date include medications and a cervical epidural steroid injection. Diagnostic studies include a MRI of the cervical spine on 06-06-13. Current complaints include right upper quadrant pain. Current diagnoses include neck pain and shoulder injury. In a progress note dated 05-19-15 the treating provider reports the plan of care as medications including omeprazole, Vicoprofen, Norco, and temazepam. The requested treatments include omeprazole, and temazepam. The documentation supports that the injured worker has been on omeprazole since at least 04-27-15. The injured worker has been on temazepam since at least 12-03-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (Prilosec) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The claimant sustained a work-related injury in January 2006 and is being treated for chronic neck and shoulder pain. In April 2015 hydrocodone/acetaminophen was being prescribed. The claimant was having abdominal pain and omeprazole was prescribed. He was requested a change from acetaminophen and hydrocodone/ibuprofen (Vicoprofen) was prescribed. In follow-up, there had been a resolution of abdominal pain. There was a normal examination. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant's gastrointestinal symptoms do not appear related to NSAID use. He had symptoms prior to the prescribing of Vicoprofen and they had resolved at the next visit despite the prescribing of the new NSAID-containing medication. Ongoing prescribing of a proton pump inhibitor such as omeprazole was not medically necessary.

Temazepam (Restoril) 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

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

Decision rationale: The claimant sustained a work-related injury in January 2006 and is being treated for chronic neck and shoulder pain. In April 2015 hydrocodone/acetaminophen was being prescribed. The claimant was having abdominal pain and omeprazole was prescribed. He was requested a change from acetaminophen and hydrocodone/ibuprofen (Vicoprofen) was prescribed. In follow-up, there had been a resolution of abdominal pain. There was a normal examination. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are 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. Gradual weaning is recommended for long-term users. The ongoing prescribing of Restoril is not medically necessary.