

Case Number:	CM15-0142548		
Date Assigned:	08/03/2015	Date of Injury:	01/24/2007
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
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: Texas, California
 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 55 year old female, who sustained an industrial injury on 1-27-2007. She reported her right elbow was struck and sustained trauma from repetitive work activities. Diagnoses include chronic cervical sprain, discogenic disease, radiculitis, right shoulder impingement, right shoulder rotator cuff tendinitis, lumbar sprain, chronic low back pain and thoracic spine sprain, rule out disc herniation. Treatments to date include medication therapy, physical therapy, home exercise, TENS unit, and epidural steroid injections. Currently, she complained of ongoing pain in the neck, right shoulder, low and mid back. On 6-3-15, the physical examination documented a positive impingement sign, tenderness across the cervical trapezial ridge, and muscle spasm in the thoracic spine. There was a positive straight leg raise test and positive Lasegue test. The plan of care included prescriptions for Prilosec 20mg #60 and Ativan 1mg #30. A recent detailed psychological evaluation note of the psychiatrist was not specified in the records provided. Any evidence of psychiatric symptoms of anxiety and depression was not specified in the records specified. The medication list include Anaprox, Celebrex, Ibuprofen, Naproxen, Ultracet and Prilosec. The patient has had history of liver disease, GERD and constipation. The patient has had history of GERD due to NSAID use. The patient's surgical history include low back surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

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, GI symptoms & cardiovascular risk, page 68-69.

Decision rationale: Request; Prilosec 20mg #60. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when; "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The medication list includes Anaprox, Celebrex, Ibuprofen, Naproxen, Ultracet and Prilosec. The patient has had history of liver disease, GERD and constipation. The patient has had history of GERD due to NSAID use. There was a history of a significant GI condition (GERD), along with NSAID use. The request for Prilosec 20mg #60 is medically necessary and appropriate for this patient.

Ativan 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Benzodiazepines page 24. Official Disability Guidelines, current online version. Pain (updated 07/15/15) Benzodiazepines.

Decision rationale: Ativan 1mg #30: Ativan 1mg #30 is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines, Benzodiazepines are "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 actions 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." Per the cited guidelines, "Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. (Baillargeon, 2003) (Ashton, 2005) (Dickinson, 2009) (Lader, 2009) Adults who use hypnotics,

including benzodiazepines, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. The AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. (AGS, 2012) Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD)." A recent detailed psychological evaluation note of the psychiatrist was not specified in the records provided. Any evidence of psychiatric symptoms of anxiety and depression was not specified in the records specified. A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. A recent detailed psychological/ psychiatric evaluation note of the psychiatrist was not specified in the records provided. The medical necessity of the request for Ativan 1mg #30 is not medically necessary in this patient given the records provided and the guidelines cited. When discontinuing a benzodiazepine, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms.