

Case Number:	CM15-0143813		
Date Assigned:	08/04/2015	Date of Injury:	01/27/2014
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression and anxiety reportedly associated with an industrial injury of January 27, 2014. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for Xanax, Dexilant, and urine drug testing. The claims administrator referenced an RFA form received on June 10, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant underwent a functional capacity evaluation of some kind, the results of which were not clearly reported. On a progress note dated July 8, 2015, the applicant reported unchanged pain complaints about 3/10 without medications. The applicant's complete medication list was not detailed. The applicant was given diagnoses of lumbar radiculopathy, sacroiliac joint dysfunction, anxiety, depression, knee pain, and gastritis. Dexilant, Xanax, and Lexapro were renewed. Urine drug testing was endorsed. No seeming discussion of medication efficacy transpired insofar as Dexilant, Xanax, and/or Lexapro were concerned. The applicant's GI review of systems was negative, it was reported. It was suggested (but not clearly stated) that the applicant was using Xanax for sedative effect. On June 17, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and knee pain. No seeming discussion of medication selection or medication efficacy transpired on this date. On an RFA form dated June 10, 2015, Lexapro, Xanax, Dexilant, and urine drug testing were sought. 4/10 pain complaints were noted. The attending provider stated that the applicant had intermittent issues with upset stomach with medications. Anxiety and depression were also reported. Lexapro was endorsed for anxiety and depression. 90 tablets of Xanax were endorsed for up to thrice-daily usage for panic attacks. Dexilant was endorsed for medication-induced

gastritis. Urine drug testing was sought. On May 6, 2015, the applicant was given prescriptions for Voltaren gel and Dexilant. The applicant was described as having issues with upset stomach which were not seemingly quantified or elaborated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressant Page(s): 13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in case of overwhelming symptoms, here, however, the attending provider and/or the applicant were seemingly intent on employing Xanax for chronic, long-term, and/or thrice- daily use purposes, for anxiolytic effect, it was reported on June 10, 2015. The applicant was subsequently described as using Xanax on a daily basis for sedative effect via a July 8, 2015 progress note. Such usage, however, ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Dexilant 60mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PPI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: The request for Dexilant, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Dexilant are indicated to combat issues with NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was given what was framed as a renewal request for Dexilant on office visits of May 6, 2015, June 10, 2015, and July 8, 2015, referenced above. It was never explicitly stated whether or not ongoing use of Dexilant had or had not attenuated the applicant's symptoms of reflux. Therefore, the request was not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for a urinalysis (AKA urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. The attending provider did state on June 10, 2015 that the request in question represented a request for urine drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize the applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, while the attending provider renewed prescriptions for Lexapro, Xanax, and Dexilant on June 10, 2015, the attending provider did not state whether or not this represented the applicant's complete medication list or not. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. The attending provider did not state why the applicant needed to be drug tested on what was characterized as monthly basis. Drug testing was seemingly sought on both office visits of June 10, 2015 and July 8, 2015. There was no mention of the applicant's being a higher-risk individual for whom such frequent drug testing would have been indicated. Therefore, the request was not medically necessary.