

Case Number:	CM15-0180589		
Date Assigned:	09/22/2015	Date of Injury:	02/23/2006
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male who sustained an industrial injury on 2-23-2006. A review of medical records indicates the injured worker is being treated for lumbar spondylosis without myelopathy, lumbar facet pain at the L4-5 levels bilaterally, axial low back pain, chronic pain syndrome, and post laminectomy syndrome. Medical records dated 8-3-2015 noted low back pain rated an 8-9 out 10. Medical records dated 7-6-2015 rated low back pain an 8-9 out 10. Physical examination dated 8-3-2015 noted the injured worker as alert and oriented and in mild distress. Abdomen was non-distended, nontender, with no rigidity noted. There was decreased sensation to light touch in medial claves. Lumbar facet loading maneuvers were positive in the seated and prone position at the L4-L5 and L5-S1 levels. There was a positive facet-loading maneuver in the standing position as well. Treatment has included multiple surgical interventions including an L5-S1 anterior total disc arthropathy and medications (Alprazolam and Omeprazole since at least 10-8-2014). Utilization review form dated 8-24-2015 modified Alprazolam 0.5mg # 14 and noncertified Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with low back pain. The request is for Alprazolam 0.5MG, 120 count. Examination to the lumbar spine on 09/25/15 revealed positive lumbar facet loading in the seated and prone position at the L4-L5 and L5-S1 levels. Per 08/28/15 progress report, patient's diagnosis include lumbar spondylosis without myelopathy, lumbar facet pain at the L4-L5 levels bilaterally, axial low back pain, chronic pain syndrome, and post laminectomy syndrome. Patient's medications, per 08/03/15 progress report include Norco, Senna, Gabapentin, Lisinopril, Alprazolam, Omeprazole, Trazadone, and Cymbalta. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines section, page 24 states: 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. The treater has not specifically discussed this request; no RFA was provided either. The utilization review letter dated 08/24/15 modified the request to #14. Review of the medical records provided indicates that the patient has been utilizing this medication since at least 10/08/14. However, treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. Furthermore, MTUS does not support long-term use of this medication owing to dependency risk and loss of efficacy. Therefore, the request is not medically necessary.

Omeprazole 20 mg, 120 count: 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with low back pain. The request is for Omeprazole 20MG, 120 count. Examination to the lumbar spine on 09/25/15 revealed positive lumbar facet loading in the seated and prone position at the L4-L5 and L5-S1 levels. Per 08/28/15 progress report, patient's diagnosis include lumbar spondylosis without myelopathy, lumbar facet pain at the L4-L5 levels bilaterally, axial low back pain, chronic pain syndrome, and post laminectomy syndrome. Patient's medications, per 08/03/15 progress report include Norco, Senna, Gabapentin, Lisinopril, Alprazolam, Omeprazole, Trazadone, and Cymbalta. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, page 69 under NSAIDs, GI symptoms & cardiovascular risk Section 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 an 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 gastroduodenal 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 ug 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 absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) The treater has not specifically discussed this request; no RFA was provided either. In regard to the request for Omeprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. Review of the medical records provided did not indicate the patient is utilizing NSAIDs and there were no discussions of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request is not medically necessary.