

Case Number:	CM15-0183492		
Date Assigned:	09/30/2015	Date of Injury:	04/28/2012
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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 55-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 28, 2012. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve a request for Xanax, Prilosec, and a knee support while apparently approving a request for Norco. A September 8, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing complaints of knee pain, reportedly severe. A visible limp was noted. The attending provider contended the applicant could not continue working without her medications, which included Norco, Cymbalta, Klonopin, Levoxyl, and Prilosec. All of the foregoing was seemingly renewed. The attending provider contended in one section of the note the applicant was using 2 to 3 Norco per day and then stated in another section of the note the applicant was using up to 5 Norco a day. The applicant was using Xanax for anxiety attacks, and insomnia, it was stated. There was no mention of why the applicant was using omeprazole. The applicant was given rather proscriptive 5-pound lifting limitation. Activities of daily living including standing remain problematic, the treating provider reported. The date of surgery was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online. Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for alprazolam (Xanax), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM in Chapter 15, page 402 acknowledges that anxiolytics such as Xanax may be appropriate for brief periods. Here, however, the renewal request for 90 tablets of Xanax implies chronic, long-term, and/or thrice daily usage of the same, for sedative and/or anxiolytic effect. 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.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online. Proton-Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for omeprazole (Prilosec), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date in question, September 8, 2015. It was not clearly stated for what issue, diagnosis, and/or purpose omeprazole was being employed. Therefore, the request was not medically necessary.

Soft knee support: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: Finally, the request for a soft knee support was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee support is usually unnecessary. Rather, the MTUS Guideline in ACOEM Chapter 13, page 340 notes that knee supports are typically necessary only if an applicant is going to be stressing the knee under load,

such as by climbing ladders or carrying boxes. Here, however, there was no mention of the applicant's climbing ladders and/or carrying boxes at home or work on the September 8, 2015 office visit at issue. Therefore, the request was not medically necessary.