

Case Number:	CM15-0184890		
Date Assigned:	09/25/2015	Date of Injury:	05/25/2012
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Emergency 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 injured worker is a 50 year old female who sustained an industrial injury on 5-25-12. Diagnoses are noted as chronic pain syndrome, knee-lower leg pain, fibromyalgia, fasciitis-unspecified, and anxiety. Previous treatment includes medication, x-rays, physical therapy, massage therapy, transcutaneous electrical nerve stimulation, percutaneous electrical nerve stimulator, MRI-right knee, and knee brace. In an encounter note dated 8-27-15, the physician reports complaints of left hip and right knee pain. Pain is reported to be rated at 6 and a 7 out of 10. Current medications are Gabapentin, Trazadone, and Xanax. The assessment is noted as chronic pain syndrome, old disruption of medial collateral ligament, sprain of unspecified site of hip and thigh and fibromyalgia. It is noted that Xanax continues to be helpful in reducing anxiety exacerbated by pain. A urine toxicology was performed 8-27-15. Work status is temporary total disability. The requested treatment of Xanax .05mg #30 (prescribed 8-27-15) and Protonix 20mg #60 (prescribed 8-27-15) was denied on 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .05 mg #30 prescribed 8/27/15: 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: Xanax is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if patient is taking this for pain and/or anxiety. The appropriate treatment of anxiety is anti-depressants and other modalities to manage anxiety and depression. The number of tablets is not appropriate for intermittent or short-term use. Xanax is not medically necessary.

Protonix 20mg #60 prescribed 8/27/15: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high-risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Provider documents claim that patient has epigastric pain from medications but provider has failed to provide a current medication list. From review, it does not appear that patient is currently on oral NSAIDs and provider has failed to document how any of the current medications are causing patient's claimed pain. Protonix is also considered a 2nd line PPI. It is unclear why this was prescribed. Protonix is not medically necessary.