

Case Number:	CM15-0185051		
Date Assigned:	09/25/2015	Date of Injury:	03/29/1999
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
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: 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 [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 29, 1999. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for Prilosec and Ativan. The claims administrator referenced a September 1, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On May 14, 2015, Norco was endorsed for ongoing complaints of neck and shoulder pain. The applicant's permanent work restrictions were renewed. Pain complaints as high as 10/10 without medications were reported versus 5/10 with medications. The applicant's ability to sit and do household chores in unspecified amounts was ameliorated as a result of ongoing medication consumption, but did not elaborate further. It was not stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. On July 30, 2015, the applicant reported ongoing complaints of bilateral shoulder and neck pain, 10/10 without medications versus 5/10 with medications. The attending provider contended that the applicant's ability to cook, sit, stand, walk, and do household chores in unspecified amounts had all been ameliorated as a result of ongoing medication consumption. Norco was renewed. There was no explicit mention of the need for either Ativan or Prilosec. Once again, it was not explicitly stated whether the applicant was or not working with permanent limitations in place, although this did not appear to be the case. On an RFA form dated September 1, 2015, Norco, Prilosec, Naprosyn, Ativan and Neurontin were endorsed, seemingly without any supporting rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 60: 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: No, the request for Prilosec, 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 inhibitor 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 progress notes and RFA forms of the September 1, 2015, July 30, 2015 or May 14, 2015. Multiple progress notes of those dates failed to make explicit mention of the need for Prilosec usage and/or whether or not ongoing usage of Prilosec was or was not effective for whatever role it is being employed. Therefore, the request was not medically necessary.

Ativan 1mg QTY: 30: 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): Introduction, Benzodiazepines.

Decision rationale: Similarly, the request for Ativan, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Ativan are not recommended for long-term use purposes, with most guidelines limiting usage of the same to four weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anti-convulsant effect or muscle relaxant effect. Here, however, little-to-no rationale accompanied the September 1, 2015 RFA form. It was not clearly stated for what purpose Ativan is being employed. It was not stated whether the request represented a first-time request or a renewal request. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, it did not appear that the treating provider is particularly knowledgeable insofar as prescribing information was concerned where Ativan was concerned as multiple progress notes, referenced above, made no mention of the need for ongoing Ativan usage. Therefore, the request was not medically necessary.