

<b>Case Number:</b>	CM15-0186970		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	04/17/1997
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 4-17-1997. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy. A recent progress report dated 8-3-2015, reported the injured worker complained of right shoulder pain, back pain left lower extremity pain, rated 6-7 out of 10 without medications. Physical examination revealed painful lumbar range of motion and left lumbar paraspinal tenderness to palpation. Treatment to date has included acupuncture, chiropractic care, surgery, physical therapy, epidural steroid injection, radiofrequency ablation, trigger point injections, neurolysis, Xanax (since at least 4-3-2015) and Protonix (since at least 4-3-2015). The physician is requesting Xanax 1mg #30 to #24 and noncertified the request for Protonix 40mg #30. On 9-17-2015, the Utilization Review modified the request for Xanax 1mg #30 to #24 and noncertified the request for Protonix 40mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #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): Benzodiazepines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Xanax for several months. Long-term use is not indicated. Medication specificity or response to its use was not provided. The continued use of Xanax is not medically necessary.

**Protonix 40mg #60:** 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), Pain (Chronic): Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Protonix for several months. In addition, the lowest dose is recommended for short-term use. Therefore, the continued use of Protonix is not medically necessary.