

<b>Case Number:</b>	CM15-0197089		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Hawaii

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 57 year old male, who sustained an industrial injury on 4-13-11. The injured worker was diagnosed as having stress, depression, anxiety, insomnia, and gastrointestinal reflux disease. Treatment to date has included right shoulder decompression and distal claviclectomy, physical therapy, TENS, and medication including topical creams, Advil, Norco, Xanax, and Omeprazole. The injured worker had been taking Xanax since at least April 2015 and Prilosec since at least May 2015. On 8-13-15, the treating physician noted "he is taking Xanax 1mg for sleep and Prilosec 20mg 2 a day to protect his stomach." On 8-13-15, the injured worker complained of right shoulder pain, neck pain, right wrist pain, and right knee pain. The treating physician requested authorization for Prilosec 20mg #90 and Xanax 1mg #60. On 9-22-15, the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #90:** Upheld

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

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

**Decision rationale:** The patient presents with diagnoses that include stress, depression, anxiety, insomnia and gastrointestinal reflux disease. The patient recently complained about right shoulder pain, neck pain, right wrist pain and right knee pain. The current request is for Prilosec 20mg, quantity 90. Prilosec (omeprazole) belongs to a group of drugs called proton pump inhibitors. Omeprazole decreases the amount of acid produced in the stomach. The treating physician states in the treating report dated 8/13/15 (13B), "At this time, the patient is going to complete his physical therapy. He will have a renewal of his medications, Xanax 1 mg #60, Prilosec 20 mg #90." MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the clinical history notes the patient is "taking" Prilosec 20mg 2 a day to protect his stomach. The patient has medicated Prilosec since at least May 2015. However, the patient now appears to have ceased medicating with any oral medications and thus there is no clinical documentation of multiple high dosage NSAIDs, dyspepsia secondary to NSAID therapy or a documented GI assessment as required by MTUS. The current request is not medically necessary.

**Xanax 1mg #60:** Upheld

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

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

**Decision rationale:** The patient presents with diagnoses that include stress, depression, anxiety, insomnia and gastrointestinal reflux disease. The patient recently complained about right shoulder pain, neck pain, right wrist pain and right knee pain. The current request is for Xanax 1mg, quantity 60. Xanax (Alprazolam) is a benzodiazepine. The treating physician states in the treating report dated 8/13/15 (13B), "At this time, the patient is going to complete his physical therapy. He will have a renewal of his medications, Xanax 1 mg #60, Prilosec 20 mg #90." MTUS guidelines state that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." In this case, the clinical history notes the patient is "taking Xanax 1mg for sleep." The patient has medicated with Xanax since at least April 2015. MTUS states, "Most guidelines limit use to 4 weeks." MTUS Guidelines do not support continued usage of this medication or its usage as a sleep aid. The current request is not medically necessary.