

Case Number:	CM15-0199936		
Date Assigned:	10/15/2015	Date of Injury:	10/12/2012
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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 59 year old female who sustained an industrial injury on 10-12-2012. Treatment to date has included medications and physical therapy. According to a progress report dated 09-14-2015, the injured worker reported improvement of both wrists. There was weakness with gripping and grasping. There was still soreness and discomfort across the low back that radiated to both legs and caused weakness to the legs. She was not working or attending therapy. Current medications included Meloxicam, Omeprazole and Lorazepam. Objective findings included tenderness over the posterior superior iliac spines bilaterally. Diagnoses included musculoligamentous sprain lumbar spine with lower extremity radiculitis, overuse syndrome bilateral upper extremities, carpal tunnel syndrome bilateral wrists, de Quervain's tendinitis bilateral wrists and disc bulges. The injured worker was waiting for scheduling with a hand specialist and for acupuncture. The treatment plan included completion of current sessions of massage therapy and medications, which included Meloxicam, Omeprazole and Lorazepam. The provider recommended continued use of wrist immobilizers and continued use of inversion table for home use for temporary nerve decompression. The injured worker was to remain off work. Follow up was indicated in 3-4 weeks. Documentation shows use of Meloxicam, Lorazepam and Omeprazole dating back to 2014. According to a progress report dated 02-16-2015, the injured worker took Omeprazole, which was helping her stomach irritation. Urine drug screens were not submitted for review. On 09-25-2015, Utilization Review non-certified the request for Meloxicam 7.5 mg #60, Omeprazole 20 mg #30 and Lorazepam 1 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks for which the claimant had GI irritation and required a PPI. Continued use of Meloxicam is not medically necessary.

Omeprazole 20mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Omeprazole 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, the claimant had GI irritation from NSAID use. The claimant was on NSAIDs and PPIs for over a year. Long-term use is not indicated. Since the Meloxicam is not necessary as noted above, the continued use of Omeprazole is not medically necessary.

Lorazepam 1mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

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 Lorazepam for over a year. Long-term use is not indicated. Its use for sleep is also not indicated for prolonged use. The specific need for the medication in recent progress notes was not substantiated. The continued use of Lorazepam is not medically necessary.