

Case Number:	CM15-0207943		
Date Assigned:	10/26/2015	Date of Injury:	05/28/2014
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, West Virginia, Pennsylvania
 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 30 year old female, who sustained an industrial injury on 5-28-2014. Diagnoses include lumbar disc syndrome, radicular neuralgia right leg, and cervical sprain-strain. Treatments to date include activity modification, medication therapy, chiropractic therapy, and epidural steroid injection. On 8-10-15, pain was rated 4-8 out of 10 VAS in the low back with radiation to lower extremities associated with numbness and weakness. There was also pain in the neck associated with numbness and weakness. Prescriptions for Hydromorphone and Omeprazole were started on 6-4-15. Lorazepam had been increased from 0.5mg twice daily to 1.0mg twice daily on 5-6-15. It was noted Hydromorphone 2mg twice daily decreased pain and increased functional ability for two to three hours at a time. It was noted she reported stomach upset related to medication which was relieved with Omeprazole 20mg twice a day with prior medication trials providing no relief. She also reported ongoing anxiety and relief with Lorazepam twice daily. The opioid analgesic agreement and CURES reported were addressed and signed on this date. The physical examination documented tenderness in lumbar and cervical spines. The straight leg raise test was positive bilaterally. The records included daily treatment notes from chiropractic treatment, indicating some improvement in symptoms, however, symptoms still persisting. The appeal requested authorization for Omeprazole 20mg #60 and Lorazepam 1mg #60. The Utilization Review dated 9-25-15, denied the Lorazepam and modified the request to allow Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #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: Guidelines recommend PPIs for patients taking NSAIDs with documented GI distress symptoms. This patient has a history of taking NSAIDs and reports improvement of stomach pain with this medication. The request for Omeprazole 20 mg #60 exceeds guideline recommendations for once daily dosing. The request for Omeprazole 20 mg #60 is not medically appropriate and necessary.

Lorazepam 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: Guidelines state that benzodiazepines are not recommended for long term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with chronic opioids. In this case, the patient has depression and anxiety which according to guidelines is better treated with an antidepressant. The request for Lorazepam 1 mg #60 is not medically necessary and appropriate.