

<b>Case Number:</b>	CM15-0022193		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Indiana

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 injured worker is a 59 year old, male patient, who sustained an industrial injury on 11/18/2009. A primary treating office visit dated 01/13/2015 reported subjective complaint of right knee pains, with note of just completing a series of injections that have not offered the same effect as in the past. He is complaining of moderate to severe right knee pain with limited standing and walking tolerance. The patient is noted having undergone extensive conservative treatment to include medications, physical therapy, a home exercise program, arthroscopic surgery (03/2010) and viscosupplementation injections. Objective findings showed tenderness over the medial compartment with varus alignment, crepitus and pain during range of motion which is limited from 0/110 degrees. Medical opinion at this time is suggesting a total knee arthroplasty of the right knee. A request was made for medications Xanax 0.5 and Omeprazole 20. On 01/23/2015, Utilization Review, non-certified the request, noting the CA MTUS Chronic Pain Guidelines and the ODG, Pain Chapter Benzodiazepines were cited. On 02/05/2015, the injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5MG #30 + 1 Refill, No NCD #:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Benzodiazepines

**Decision rationale:** MTUS and ODG states that benzodiazepine (i.e. Xanax) is “Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks.” ODG further states regarding Lorazepam “Not recommended.” The request is for longer than the recommended 4 weeks. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for Xanax 0.5MG #30 + 1 Refill, No NCD # is not medical necessary.

**Omeprazole 20MG #30 + 1 Refill, No NCD#, PPI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Proton Pump Inhibitor Page(s): 23, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; GI side effects Page(s): 68-69. Decision based on Non-MTUS Citation Chronic pain; NSAIDs; GI protection

**Decision rationale:** MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states “If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011).” The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient

suffers from dyspepsia because of the present medication regimen. As such, the request for Omeprazole 20MG #30 + 1 Refill, No NCD#, PPI is not medically necessary.