

Case Number:	CM15-0023320		
Date Assigned:	02/12/2015	Date of Injury:	10/01/2007
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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

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 54 year old male, who sustained an industrial injury on 10/1/07. He has reported back injury. The diagnoses have included degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, osteoarthritis of spinal facet joint, lumbar radiculopathy, degeneration of thoracic intervertebral disc, thoracic radiculopathy and cervical radiculopathy. Treatment to date has included oral pain medications, back brace, physical therapy and home exercise program. Currently, the injured worker complains of pain in head, neck and back, mainly right side. Physical exam of 12/23/14 noted tenderness and tightness across the posterior trapezius and intrascapular region with limited range of motion, thoracic spine tenderness and tightness in the thoracolumbar spine with diffuse trigger points and tenderness and tightness across the lumbosacral area with limited range of motion. On 1/9/15 Utilization Review non-certified Lorazepam 1mg #30, noting there is no documentation as to why it is being used and no documentation of functional improvement with use; Prilosec 20mg #30, noting the long term use is noted to increase the risk of hip fracture and Clearlax peg 3350 powder 17gms #510gms, noting there is no documentation of first line failure. The MTUS, ACOEM Guidelines, was cited. The injured worker submitted an application for IMR for review of Lorazepam 1mg #30, Prilosec 20mg #30 and Clearlax peg 3350 powder 17gms #510gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg every day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

Decision rationale: Lorazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief anxiety symptoms, usually up to 4 weeks as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Lorazepam's continued use for the chronic injury nor is there documented functional efficacy from treatment already rendered. The Lorazepam 1mg every day #30 is not medically necessary and appropriate.

Prilosec 20mg every day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg every day #30 is not medically necessary and appropriate.

Clearlax Peg 3350 Powder 17gms every day #510gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment, Opioid- Initiating Therapy and Long-term users of Opioids, pages.

Decision rationale: Clearlax Peg 3350 Powder 17gms every day #510gms is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Clearlax may be provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The Clearlax Peg 3350 Powder 17gms every day #510gms is not medically necessary and appropriate.