

Case Number:	CM15-0025240		
Date Assigned:	02/18/2015	Date of Injury:	10/23/2008
Decision Date:	04/09/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60-year-old female, with a reported date of injury of 10/23/2008. The diagnoses include high blood pressure and cerebrovascular disease. Treatments have included oral medications. The progress report dated 01/15/2015 indicates that there were no new complaints and no changes in her neurological status. The objective findings included no change in neurological status. The treating physician requested Alprazolam 5mg and Pantoprazole 20mg. On 01/23/2015, Utilization Review (UR) modified the request for Alprazolam 5mg and denied the request for Pantoprazole 20mg, noting that there was no documentation contraindicating the use of an antidepressant, and no documentation of gastrointestinal distress symptoms or that the injured worker was being prescribed a non-steroidal anti-inflammatory drug or opiate therapy. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 5mg Qty 700: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

Decision rationale: Alprazolam is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed records indicated the worker was experiencing headaches, problems with balance, left-sided weakness, and high blood pressure. There was no reported length of treatment, but the worker had taken this medication for at least several months at the time of the request. There was no discussion describing special circumstances that sufficiently supported the long-term use of alprazolam. In the absence of such evidence, the current request for 700 tablets of alprazolam 5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted and reviewed documentation, an individualized taper should be able to be completed with the medication the worker has available.

Pantoprazole 20mg Qty: 700: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Pantoprazole: Drug Information. Topic 9474, version 150.0. UpToDate, accessed 03/09/2015.

Decision rationale: Pantoprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing headaches, problems with balance, left-sided weakness, and high blood pressure. There was no discussion describing symptoms or findings consistent with any of the above conditions or suggesting special circumstances that sufficiently supported this request. In light of this evidence, the current request for sixty tablets of pantoprazole 20mg for the date of service 11/19/2014 is not medically necessary.