

Case Number:	CM15-0028705		
Date Assigned:	02/20/2015	Date of Injury:	10/15/2008
Decision Date:	03/31/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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 69 year old male, who sustained a work related injury on 10/15/08. The diagnoses have included lumbar spine disc contusion with foraminal stenosis, bilateral hip arthrosis, lumbar disc degeneration and chronic pain syndrome. Treatments to date have included physical therapy, lumbosacral epidural steroid injection, oral medications and home exercises. In the PR-2 dated 1/20/15, the injured worker complains of radiculopathy symptoms in both legs. He is having pain in the lower back area. The pain has increased and he is having trouble sleeping. On 2/10/15, Utilization Review non-certified requests for Prilosec 20mg, #60 with 1 refill, Alpralozam ER 1mg, #30 with 1 refill and [REDACTED] inhaler. The California MTUS, Chronic Pain Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009)

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, 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 #60 with 1 Refill is not medically necessary and appropriate.

Alprazolam ER 1mg #30 with 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Benzodiazepines, California Chronic pain Medical Treatment Guidelines (May 2009), Anxiety Medications in Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

Decision rationale: Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Alprazolam ER 1mg #30 with 1 Refill is not medically necessary and appropriate.

Pro Air MDI Inhaler: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pulmonary, Pulmonary Rehabilitation Program, page 899

Decision rationale: Albuterol Sulfate is indicated in the treatment of bronchospasm and obstructive airway disease. Submitted reports have not demonstrated the indication, acute symptoms, clinical findings, and diagnosis to support for its use in a patient who sustained a low back injury with diagnoses to include lumbar spine disc contusion with foraminal stenosis,

bilateral hip arthrosis, lumbar disc degeneration and chronic pain syndrome. [REDACTED]
[REDACTED] is not medically necessary and appropriate.