

Case Number:	CM15-0215762		
Date Assigned:	11/05/2015	Date of Injury:	01/31/2011
Decision Date:	12/16/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/03/2015

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: Internal 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:

This is a 41 year old male with a date of injury of January 31, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, cervicalgia, and chronic depression. Medical records dated August 7, 2015 indicate that the injured worker complained of neck pain, upper back pain, mid back pain, lower back pain, bilateral shoulder pain, bilateral wrist pain, bilateral leg pain, left knee pain, and left foot pain. Records also indicate the injured worker complained of numbness and tingling in both arms and legs, and that the pain was rated at a level of 8 out of 10 and 7 out of 10 at its best. The injured worker functional limitations were described as being able to walk one block, and avoidance of socializing, exercise, household chores, driving, and grocery shopping. A progress note dated October 15, 2015 documented complaints similar to those reported on August 7, 2015. Per the treating physician (October 15, 2015), the employee was not working. The physical exam dated August 7, 2015 reveals use of a cane, decreased range of motion of the lumbar spine, tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms, positive straight leg raise test on the right, decreased motor strength with plantar flexion on the left, and diminished sensation in the bilateral L5 and S1 dermatomes of the lower extremities. The progress note dated October 15, 2015 documented a physical examination that showed use of a cane with a noticeable limp, inability to sit during the interview, and no spinous process tenderness or palpable masses along the lumbar spine. Treatment has included medications (Diclofenac and Omeprazole since September of 2015; Gabapentin, Effexor), psychotherapy, lumbar spine surgery, and twenty sessions of physical

therapy. The treating physician documented (June 9, 2015) that the injured worker showed no aberrant behavior. The utilization review (October 30, 2015) non-certified a request for Alprazolam 0.25mg, Diclofenac XR 100mg and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Work Loss Data Institute (20th annual edition) 2015, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 14361 and version 22.0; topic 14670 and version 8.0; topic 14361 and version 24.0.

Decision rationale: Xanax is a benzodiazepine and used to treat anxiety in a dose of .25 to .50 TID. Adverse reactions are mostly CNS and include ataxia, depression, dizziness, fatigue, poor memory, and sedation. However, the most worrisome is habituation and addiction. It is not considered a first line treatment for anxiety. First line agents would be the SSRI's and if not effective the SNRI's. At times, a benzodiazepine is utilized in high doses temporarily while the SSRI's are taking effect but are rapidly titrated off when the antidepressant has reached its full effect. When the benzodiazepines are used to treat anxiety the patient should have minimal depression and no history of drug abuse. Benzodiazepines have been shown efficacious in unipolar depression and in some patients they are tolerated without developing tolerance. However, in general the practice is to try to avoid chronic use secondary to the above side effects and the risk of developing tolerance and dependence. This is especially true of short acting benzodiazepens, such as Xanax, taken on a PRN basis because of fluctuating serum levels. Taking meds such as Xanax increases the risk of withdrawal reactions and psychological dependence. First line treatment of the patient's anxiety would be either SSRI's or SNRI's. If these were not successful and a benzodiazepine was desired a longer acting agent such as Klonopin should probably be used. Therefore, the UR was correct in its decision. Therefore, the requested treatment is not medically necessary.

Diclofenac XR 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute (20th annual edition) 2015, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Up to date topic 9682 and version 145.0.

Decision rationale: The guidelines state that Naprosyn and NSAIDs in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAIDs have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAIDs may actually delay healing of all soft tissue if given on a chronic basis. In a review in the shoulder section of the AECOM it states that invasive techniques have limited proven value. If pain with elevation causes significant limitation in activity then sub acromial injection with a local anesthetic and steroid preparation may be attempted after 2 to 3 weeks of conservative treatment with shoulder strengthening exercises and NSAID treatment. Treatment indications include such entities as ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, acute gout, dysmenorrhea, acute tendinitis and bursitis, and acute migraine. NSAID's are best utilized in acute pain and for a limited treatment regimen. Acetaminophen is preferred for chronic pain because of less side effects. The patient has chronic pain and is in need of a long term administration of his medicines. There is also no mention of the failure of acetaminophen to treat the pain or of superior pain control afforded by Diclofenac. Therefore, the UR decision is upheld. Therefore, the requested treatment is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Up to date topic 9718 and version 134.0.

Decision rationale: Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states .It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough .Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAIDs in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. Our patient was not noted to have any of the diseases noted to be indications for PPI medicines. Also, the patient was denied the use of an NSAID. Therefore, there is no indication for the use of this medicine. The UR decision is upheld. Therefore, the requested treatment is not medically necessary.