

Case Number:	CM15-0216620		
Date Assigned:	11/06/2015	Date of Injury:	05/16/2013
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 45 year old man sustained an industrial injury on 5-16-2013. Diagnoses include chronic L5- S1 bilateral radiculopathy, crush injury, multiple orthopedic injuries, multiple metatarsal fractures of the left foot, rule out bilateral knee internal derangement, tibial contusion, right non-union fracture of the distal fibula, low back pain, and neuropraxia of the right lower leg. Treatment has included oral medications. Physician notes dated 9-15-2015 show complaints of bilateral foot, knee, and ankle pain. The physical examination shows tenderness with palpation of the right knee with mild edema and pain with range of motion that is noted to be 0-120 degrees with crepitation. Tenderness is noted to the bilateral ankles and feet. The lumbar spine shows a positive straight leg raise on the right at 50 degrees, decreased sensation to L5-S1 on the right, motor weakness noted to be 4 out of 5, tenderness is noted over the right paraspinal musculature with positive trigger points. Recommendations include Ativan, Norco, Prilosec, updated MRIs, TENS unit therapy, ankle specialist consultation, lumbar epidural steroid injection, topical cream, and follow up in four to six weeks. Utilization Review denied requests for Ativan and Prilosec on 10-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there is record showing ongoing chronic twice-a-day use of Ativan prescribed to him for his anxiety, which is chronic. However, this medication is not first line therapy for chronic anxiety and is generally not recommended for chronic use as is being requested. Therefore, this request for continuation is not medically necessary. Weaning may be indicated.

Prilosec 20 MG #60: 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 Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, and upon review of the notes provided, there was no evidence of taking NSAIDs regularly or having any history or signs suggestive of an elevated risk for gastrointestinal events. Therefore, without a documented indication to justify chronic use of Prilosec, and considering the side effect potential from ongoing use, this request is not medically necessary. Weaning may be indicated.