

<b>Case Number:</b>	CM15-0220695		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, North Carolina  
 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 5-22-07. The injured worker is diagnosed with L5-S1 disc bulge, lumbar spondylosis with degenerative disc disease, post left knee arthroscopic medial and partial lateral meniscectomy, chondroplasty and synovectomy, right knee arthroscopy (x2) and right total knee arthroplasty, bilateral kneed degenerative joint disease, osteopenia and insomnia. His work status is temporary total disability. Notes dated 7-30-15 and 8-21-15 reveals the injured worker presented with complaints of persistent low back and bilateral knee pain rated at 4-7 out of 10. The pain is improved with rest and medication and increased with activities and weather changes. Physical examination dated 8-21-15 revealed decreased and painful lumbar spine range of motion, tenderness at the paraspinal musculature and the straight leg raise is positive on the right at 70 degrees. The left knee extension and flexion is 0-100 degrees. The quadriceps strength is decreased at 4+ out of 5. Treatment to date has included medications; Norco reduces his pain from 9 out of 10 to 3 out of 10, Prilosec (6-2015), Xanax (6-2015), Gaviskon, Elavil (discontinued due to therapeutic failure), Percocet (discontinued), Ambien (discontinued) and surgical intervention. A request for authorization dated 8-24-15 for Prilosec 20 mg #60 is non-certified and Xanax 0.5 mg #30 is modified to #20 for weaning, per Utilization Review letter dated 10-14-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #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 rationale:** The request is for Prilosec (omeprazole), a PPI inhibitor used to treat GI complaints. Prilosec can also be used as a protectant in patients at moderate to high risk of adverse GI events. In this case, the patient does not appear to be taking an NSAID, so a protectant is not necessary. In addition, there are no risk factors for a GI event documented (age over 65 years, history of PUD, GI hemorrhage or perforation, concomitant use of ASA, corticosteroids and anticoagulants, or patient taking multiple/high dose NSAIDs). Thus there is no indication why the patient is being prescribed Prilosec and the request is not medically necessary or appropriate.

**Xanax 0.5mg #30:** 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 request is for Xanax, a benzodiazepine indicated for the short-term treatment of anxiety disorders. The claimant has been taking Xanax since 6/2015, well in excess of the recommended 4 week limit. Xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance to benzodiazepines develops rapidly. In this case, the claimant's pain is under control and anxiety improved, so consideration should be given to weaning the patient off Xanax. The current request is not medically necessary or appropriate.