

Case Number:	CM15-0034365		
Date Assigned:	03/02/2015	Date of Injury:	04/10/2014
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/24/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 50 year old, female patient, who sustained an industrial injury on 04/10/2014. A primary treating office visit dated 01/13/2015 reported subjective complaint of moderate neck pain, moderate bilateral wrist pain, moderate right shoulder pain and moderate left shoulder pain. The patient is deemed on temporary total disability for the next two weeks, follow up. The plan of care involved physical therapy and medications. A request was made for the following; Keflex 500MG # 30; Xanax 1MG # 60; Tylenol 3 #90; and Prilosec # 90. On 01/21/2015, Utilization Review, non-certified the request, noting Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed, Mcgraw Hill, 2010; Physicians desk Reference 68th Ed, online drug list; ODG drug Formulary Online, Epocrates online, Monthly Prescribing Reference, Opioids Dose calculator and AMDD Agency Medical Directors Group Dose Calculator were cited. On 02/24/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Keflex 500mg, Qty: 30, Number of refills: unlisted: 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 Official Disability Guidelines (ODG) Keflex.

Decision rationale: According to the ODG, Cephalexin (Keflex) is recommended as first-line antibiotic treatment for cellulitis and other conditions. It is used to treat outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci, methicillin-sensitive *S. Aureus*, as well for penicillin-allergic patients that can tolerate cephalosporins. In this case there is no documentation indicating the need for antibiotic therapy. Medical necessity for the requested antibiotic is not established. The requested medication is not medically necessary.

Xanax 1 mg, Qty: 60, Number of refills: unlisted: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Xanax (Aprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Xanax for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. There are no guideline criteria that support the long-term use of benzodiazepines, with use limited to 4 weeks. Long-term efficacy is unproven and there is a risk of psychological and physical dependence or addiction. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to the anxiolytic effects occurs within months and long-term use may actually increase anxiety. Most guidelines limit use of this medication to four weeks. In this case, there is no documentation provided indicating that the patient has been maintained on any anxiolytic medication. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Tylenol 3, Qty: 90 Number of refills: unlisted: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: According to MTUS, Tylenol 3 (Acetaminophen/Codeine) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the

duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Prilosec 20mg, Qty: 90, Number of refills: unlisted: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is a proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.