

Case Number:	CM15-0039711		
Date Assigned:	03/10/2015	Date of Injury:	08/05/1997
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, California
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 56 year old male sustained an industrial injury on 8/5/97. He subsequently reported low back pain lumbar spine sprain and strain. Diagnostic testing included nerve studies and MRIs. Treatments to date have included a spinal cord stimulator, left knee surgery and prescription pain medications. The injured worker has continued complaints of back pain with radiation to both lower extremities. On 2/18/15, Utilization Review non-certified a request for Doral and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Doral is a benzodiazepine. According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because it

efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Doral for several months along with Trazadone to aid in sleep. Long-term use of Doral is not recommended for insomnia and is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had medication induced gastritis per the physician. The claimant had been on Celebrex which can cause gastritis. There was no indication of altering or discontinuing Celebrex to alleviate the symptoms. Clinical exam or diagnoses did not mention active GI disease. Therefore, the continued use of Prilosec is not medically necessary.