

Case Number:	CM15-0059882		
Date Assigned:	04/06/2015	Date of Injury:	07/10/2008
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male who sustained a work related injury July 10, 2008. According to a progress note check list, dated December 31, 2014, the injured worker presented for follow-up with depression, changes in appetite, and sleep disturbance. There are another thirty two symptoms checked off positively. Improvement in symptoms and function is checked off as; less time in bed, less irritable, increased interest in activities, more trustful, and less angry. Treatment included medication management and counseling of medications. A request for authorization, dated December 31, 2014, included requests for Temazepam, Clonazepam, and Prilosec. Diagnosis was documented as depressive disorder not otherwise specified with psychological factors affecting medical condition. A previous request for authorization, dated September 25, 2014, included the diagnoses plantar fasciitis bilateral feet; heel spurs, bilateral; periarticular calcifications, left ankle; internal derangement left knee; probable meniscal tear, left knee; s/p arthroscopy, right knee with partial medial and lateral meniscectomy, June 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Temazepam 15mg quantity 60: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in July 2008 and continues to be treated for chronic bilateral lower extremity pain. Medications include Motrin being prescribed on a long-term basis. There is no history of gastritis or documented dyspepsia due to medications. Temazepam is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of temazepam is not medically necessary.

Retrospective Clonazepam 1mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: The claimant sustained a work-related injury in July 2008 and continues to be treated for chronic bilateral lower extremity pain. Medications include Motrin being prescribed on a long-term basis. There is no history of gastritis or documented dyspepsia due to medications. Clonazepam is a benzodiazepine which carries a risk of abuse and physiological dependence with long-term use. It is not recommended for long-term unless the patient is being seen by a psychiatrist. Gradual weaning is recommended for long-term users. In this case it is being prescribed on a long term basis and the claimant is not receiving this medication under the treatment of a psychiatrist. Therefore, continued prescribing was not medically necessary.

Retrospective Omeprazole delayed release 20mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in July 2008 and continues to be treated for chronic bilateral lower extremity pain. Medications include Motrin being prescribed on a long-term basis. There is no history of gastritis or documented dyspepsia due to medications. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal

anti-inflammatory medication therapy. The claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. Therefore, the prescribing of a proton pump inhibitor such as omeprazole was not medically necessary.