

Case Number:	CM15-0089496		
Date Assigned:	05/13/2015	Date of Injury:	08/18/2009
Decision Date:	06/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old female, who sustained an industrial injury to the left shoulder on 08/18/2009. Documented treatments and diagnostic testing to date has included conservative care, medications, conservative therapies, and 2 shoulder surgeries. Currently, the injured worker complains of continued neck pain radiating to the left shoulder, weakness in the right upper extremity, and right shoulder pain. Objective findings include stiffness and tightness at the paravertebrals and trapezius, slightly restricted and painful flexion and extension of the cervical spine, negative compression and Spurling's tests, tenderness to palpation of the acromioclavicular (AC) joint in the left shoulder, some restriction in range of motion in the left shoulder, tenderness to palpation of the AC joint in the right shoulder, restricted and painful range of motion in the right shoulder, positive Neer's and Hawkins tests, and tenderness throughout the thoracic and lumbar paravertebrals. Relevant diagnoses include status post shoulder surgery time 2, right shoulder strain/sprain, bilateral epicondylitis and possible bilateral carpal tunnel syndrome. There was no reports or complaints of insomnia or sleep disruption, and no reports of gastrointestinal issues. The treatment plan consisted of Restoril 15 mg #30 and Prilosec 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #30 (per 3/11/15 order): 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 Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Temazepam and Other Medical Treatment Guidelines Temazepam (Restoril) package insert.

Decision rationale: Temazepam is a benzodiazepine. MTUS states regarding benzodiazepine, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative /hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG also notes "Not recommended" and "Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." Medical records indicate that the patient has been on benzodiazepines far in excess of 4 weeks. Additionally, the request for two total months of benzodiazepine with no interim evaluation is not recommended. The original utilization review modified the request for purposes of weaning, which was appropriate. As such, the request for Restoril 15mg #30 (per 3/11/15) is not medically necessary.

Prilosec 20mg #60 (per 3/11/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44).The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for Prilosec 20mg #60 (per 3/11/15) is not medically necessary.