

<b>Case Number:</b>	CM14-0162560		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/01/2008
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47-year-old male who reported an injury on 12/01/2008. The mechanism of injury was not provided. The injured worker's prior treatments included epidural steroid injections and medications. The injured worker's medications included gabapentin, Norco, Zanaflex, and Butrans. The surgical history was not provided. The injured worker underwent an MRI of the lumbar spine and cervical spine. The surgical history was not provided. The original date of request and physician documentation was not provided for review. The documentation of 09/16/2014 revealed the injured worker had an ability to utilize benzodiazepines, as they were prescribed by the psychiatrist. Additionally, the injured worker was noted to have stress intensified peptic acid reactions and, as such, had a necessity for omeprazole. There was no request for authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20gm BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend proton pump inhibitors for patients who are at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review failed to indicate the patient was at high risk for gastrointestinal events. The documentation from the physician indicated the injured worker had stress which was inducing gastritis. However, there was a lack of documentation of objective functional benefit that was received from the medication as well as efficacy. The duration of use could not be established through supplied documentation. Given the above, the request for Omeprazole 20 mg twice a day #60 is not medically necessary.

**Xanax 0.5mg BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14)

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

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines as a treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the physician was requesting the medication for psychological treatment. The duration of use could not be established and there was a lack of documented efficacy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Xanax 0.5 mg twice a day #60 is not medically necessary.