

Case Number:	CM15-0007692		
Date Assigned:	01/26/2015	Date of Injury:	02/02/2013
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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:

The injured worker is a 41 year old female who suffered a work related injury on 02/02/2013. She was diagnosed with cervical headaches and cervical radiculopathy. In addition, she had a herniated nucleus pulposus of C5-C7 and thoracic outlet syndrome. Per the physician notes from 12/08/14, she complains of constant neck pain, low back pain, left knee and left ankle/foot pain. The treatment plan includes Naproxen, Xanax, omeprazole, Zofran, TENS unit, home exercise program, and orthopedic evaluation for the left knee. A progress note on 11/6/14 indicated the claimant had 8/10 pain in the left knee. A knee exam was not done. A referral was made for an orthopedic surgeon to evaluate the knee pain. A progress note on 12/30/14 indicated the claimant had 7/10 pain. There was painful range of motion of the cervical spine with spasms. The claimant was given Xanax, Norco, Zofran and Omeprazole. On 12/17/14, the Claims Administrator non-certified the omeprazole and Xanax, citing MTUS guidelines, and the orthopedic evaluation citing ACOEM guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

Xanax 1mg #60: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case the claimant had been on Xanax for several months for muscle spasms. In addition, there was no significant improvement in pain or function. Long-term use of Xanax is not recommended. The continued use of Xanax is not medically necessary.

Orthopedic evaluation for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: According to the guidelines, referral to an orthopedic surgeon is indicated in those who have: Activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. In this case, there was no knee exam or recommendation for imaging, or therapy prior to the consultation request. The request is therefore not medically necessary.