MAXIMUS Federal Services

Case Number:	CM15-0011773		
Date Assigned:	01/29/2015	Date of Injury:	06/04/2013
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male who reported an injury on 06/04/2013. The mechanism of injury was not specified. The diagnoses include cervical herniated nucleus pulposus; right shoulder post-traumatic arthrosis; right shoulder radiculopathy; insomnia; and post-traumatic arthrosis of the AC joint. Past treatments include medications and physical therapy. On 10/23/2014, the injured worker complained of neck pain. The physical examination revealed decreased range of motion in the right shoulder and decreased range of motion of the neck. There was also tenderness to palpation anteriorly, laterally, and posteriorly in the right shoulder. His relevant medications included ibuprofen 600 mg, tramadol 150 mg, Xanax 1 mg, and Naprosyn 550 mg. The treatment plan included Xanax 1 mg #60, Prilosec 20 mg #90, and gabapentin 300 mg #60. The rationale was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 11/21/2014), Alprazolam (Xanax)

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

Decision rationale: The request for Xanax 1 mg #90 is not medically necessary. According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use due to unproven efficacy and risk of dependence. The guidelines indicate the limit of use is to 4 weeks. The injured worker was indicated to have been on Xanax for an unspecified duration of time. However, the guidelines do not recommend the use of benzodiazepines, as they are limited to 4 weeks with unproven efficacy or risk of dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Prilosec 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina.

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

Decision rationale: The request for Prilosec 20 mg #90 is not medically necessary. According to the California MTUS Guidelines, patients should be assessed for the risk of gastrointestinal and cardiovascular symptoms. The assessment should include being over the age of 65; a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; and a high dose/multiple NSAID use. It is also indicated for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to be on Prilosec for an unspecified duration of time. However, there is a lack of documentation to indicate the injured worker had GI symptoms and cardiovascular risk assessment. There was also a lack of documentation to indicate the injured worker had dyspepsia secondary to NSAID therapy. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Gabapentin 300mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 16-19.

Decision rationale: The request for gabapentin 300 mg #60 is not medically necessary. According to the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain. However, there should be documentation to indicate a response of 30% to

50% reduction in pain. Furthermore, there should be documentation in regards to pain relief, improvement in function, and side effects. In addition, the guidelines indicate the use of AEDs for the treatment of diabetic painful neuropathy and postherpetic neuralgia. The injured worker was indicated to have been on gabapentin for an unspecified duration of time. However, there is a lack of documentation in regards to a 30% to 50% reduction in pain, improvement in function, and monitoring for side effects. There is also a lack of documentation to indicate the injured worker had diabetic painful neuropathy and postherpetic neuralgia. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.