

Case Number:	CM15-0110468		
Date Assigned:	06/17/2015	Date of Injury:	07/13/1999
Decision Date:	07/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 55-year-old female, who sustained an industrial injury on 7/13/99. The injured worker was diagnosed as having pain in forearm joint, headache, pain in lower leg joint, sprain and strain of sacroiliac area, myalgia and myositis, osteoarthritis, lumbago, thoracic/lumbosacral neuritis radiculitis, degeneration of cervical intervertebral disc, displacement of intervertebral disc site, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, acute reactions to stress, cervicgia and panic disorder. Treatment to date has included trigger point injections, left knee surgery, physical therapy, oral medications including Norco, Dilaudid, Soma, Zantac, Alprazolam, Fluoxetine, Cymbalta and Prozac, topical compound creams, psychological treatment, home exercise program and activity restrictions. Currently, the injured worker complains of severe bilateral knee pain, feeling of popping and frequent falls. She rates the pain 10/10 without medications and 3/10 with medications. She notes the medications prescribed are keeping her functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. Physical exam noted tenderness to palpation of paraspinal muscles, antalgic gait, ambulation with a cane, tenderness over the medial joint line with limited range of motion of bilateral knees, painful patellofemoral crepitus and a well-healed surgical scar on the left knee. A request for authorization was submitted for Omeprazole, Soma, alprazolam and Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Omeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton pump inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient has had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

1 Prescription of Soma 350mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant prescribed in this case. This medication is sedating. There is no documentation of any specific or significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for Soma has not been established. The requested medication is not medically necessary.

1 Prescription of Temazepam 15mg #60 with 2 refills: Upheld

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

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

Decision rationale: Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. This patient has been taking Temazepam since 2014. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

1 Prescription of Alprazolam 1mg #60 with 2 refills: Upheld

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

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

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The medical documentation indicates the claimant has continued symptoms of depression with anxiety. The claimant is maintained on an antidepressant medication. She would benefit from a mental health evaluation to determine the appropriate medical therapy for her depression, anxiety and sleep issues. Medical necessity for the requested medication, Alprazolam has not been established. The requested treatment is not medically necessary.

Unknown medication management sessions every 2 months for the next year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic) Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The need for a clinical office visit with a health care provider is individualized based on the review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Patients with low back complaints that are work related should receive follow-up care every 3 to 5 days by a mid-level practitioner, who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might occur every 4 to 7 days if the patient is off work, and 7 to 14 days if the patient is working. In this case, there is a request for unknown medication management sessions every two months for a one-year period. Guidelines indicate that a set number of office visits cannot be reasonably established. Therefore, medical necessity for these sessions has not been established. The requested unknown medication management sessions every two months for one year are not medically necessary.