

Case Number:	CM15-0117630		
Date Assigned:	06/25/2015	Date of Injury:	08/12/2012
Decision Date:	07/24/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who reported an industrial injury on 8/12/2012. Her diagnoses, and/or impressions, are noted to include: cervical disc disease with multi-level fusion; right shoulder internal disruption; low back pain and lumbar disc disease with radiculopathy symptoms; right elbow tendinitis/pain; and left knee pain consistent with osteoarthritic changes. Recent magnetic imaging studies of the cervical spine were done on 5/13/2015 and the lumbar spine on 5/28/2015, which noted abnormal findings. Her treatments are noted to include diagnostic studies; medication management; and rest from work. The progress notes of 4/29/2015 reported a follow-up visit post anterior fusion surgery with the injured worker recovering well, and that she continues on Oxycodone throughout her surgical recovery, prescribed by the surgeon. Objective findings were noted to include a urine toxicology screening for medication compliance, also that she has a legal California Medical marijuana Card and both substances showed up in her testing; stiffness and reasonable range-of-motion in her neck, with pain down the right arm as well as severe pain in the right shoulder that has loss of range-of-motion and weakness; radiating pain in her low back that goes down her right leg; spasms in the bilateral trapezius muscles, right > left; reasonable range-of-motion in the lumbar spine noted to be grossly abnormal; positive left straight leg test; an antalgic gait; the inability to stand on her toes; and a positive Jobe's test and evidence of weakness in the infraspinatus muscle indicating a rotator joint problem. The physician's requests for treatments were noted to include the continuation of Alprazolam and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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. 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." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.

Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.