

Case Number:	CM15-0099302		
Date Assigned:	06/01/2015	Date of Injury:	03/07/2001
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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

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 (IW) is a 46-year-old male who sustained an industrial injury on 03/07/2001. Diagnoses include depression, major/recurring. Treatment to date has included medications, epidural injections, physical therapy, shoulder surgery, psychiatric care and dental care. The IW has been treated for over ten years for his bilateral shoulders and cervical spine conditions. He developed secondary problems due to prolonged use of narcotic medications, including gastroesophageal reflux and extensive dental decay. According to the PR2 dated 5/1/15, the IW reported frustration concerning his many problems, especially his pain. He is seeking authorization for a spinal cord stimulator. On examination, the provider noted the IW's affect to be blunted, his mood to be depressed. His speech was delayed, soft and slow and his thought processes were slow. His attitude was noted to be slightly suspicious. A request was made for Valium 5mg, #90 with one refill for anxiety and Nexium 20mg, #60 with one refill for acid reflux secondary to medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Benzodiazepine.

Decision rationale: This patient presents with chronic bilateral shoulder and cervical spine pain. The patient also suffers from moderate major depressive disorder. The current request is for VALIUM. The Request for Authorization is dated 05/06/15. Treatment to date has included medications, epidural injections, physical therapy, shoulder surgery, psychiatric care and dental care. The patient has not worked since 2011. ODG guidelines, Chapter on Pain (Chronic), on topic Benzodiazepine, have the following regarding insomnia treatments: "Not recommended for long-term use (longer than 2 weeks), because long-term efficacy is unproven, and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." MTUS guidelines, page 24, states "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The patient's current medications include Percocet, Valium, Seroquel, Nexium, Cymbalta and Mirtazepine. The patient has been utilizing Valium since 08/14/14. ODG guidelines recommend against the use Valium for more than 4 weeks and MTUS does not allow benzodiazepine for long-term use. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Nexium: Upheld

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

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

Decision rationale: This patient presents with chronic bilateral shoulder and cervical spine pain. The patient also suffers from moderate major depressive disorder. The current request is for Nexium. The Request for Authorization is dated 05/06/15. Treatment to date has included medications, epidural injections, physical therapy, shoulder surgery, psychiatric care and dental care. The patient has not worked since 2011. The patient has not worked since 2011. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. The patient's current medications include Percocet, Valium, Seroquel, Nexium, Cymbalta and Mirtazepine. AME report dated 03/23/15 indicates that the patient has been prescribed Nexium since 04/04/11. Prior to this, the patient was taking Omeprazole on a long term basis. The

treating physician states that Nexium is prescribed for "acid reflux secondary to medications." MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, the patient is currently not on NSAID therapy to warrant the use of this medication. There is no discussion in MTUS or ODG regarding use of PPI's for effects from other medications. Opiates typically do not cause gastritis type of GI side effects that can be treated with PPI's. This request IS NOT medically necessary.