

Case Number:	CM14-0217381		
Date Assigned:	01/07/2015	Date of Injury:	02/19/2004
Decision Date:	11/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: Emergency Medicine

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 72 year old male, who sustained an industrial injury on 02-19-2004. The injured worker is currently permanent and stationary and not working. Medical records indicated that the injured worker is undergoing treatment for status post laminectomy and interbody fusion with posterolateral fusion at L3-4 and L4-5. Treatment and diagnostics to date has included back surgery, home exercise program, and medications. Current medications include Norco, Omeprazole (for gastrointestinal upset caused by Norco), Ultram, and Lorazepam (for anxiety since at least 06-18-2014). After review of progress notes dated 06-18-2014 and 11-05-2014, the injured worker reported low back pain. Objective findings included tenderness in the lumbar paraspinal muscles with decreased range of motion. The request for authorization dated 11-05-2014 requested Omeprazole 20mg #60 one by mouth twice a day as needed with three refills, Norco, Orthopedic re-evaluation, Ultram, and Lorazepam 1mg #30 one by mouth every day. The Utilization Review with a decision date of 12-03-2014 modified the request for Omeprazole 20mg #60 with 3 refills to Omeprazole 20mg #60 with 1 refill and non-certified the request for Lorazepam 1mg #30.

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 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested 1 Prescription of Omeprazole 20mg #60 with 3 refills, is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain. Objective findings included tenderness in the lumbar paraspinal muscles with decreased range of motion. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, 1 Prescription of Omeprazole 20mg #60 with 3 refills is not medically necessary.

1 Prescription of Lorazepam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The requested 1 Prescription of Lorazepam 1mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has low back pain. Objective findings included tenderness in the lumbar paraspinal muscles with decreased range of motion. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, 1 Prescription of Lorazepam 1mg #30 is not medically necessary.