

Case Number:	CM13-0029520		
Date Assigned:	11/01/2013	Date of Injury:	04/01/2003
Decision Date:	01/03/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

63 y.o. female with 4/1/03 date of injury suffers from bilateral wrist tendinitis and C-spine sprain. 9/13/13 letter of denial is reviewed for Alprazolam, Fexmid and topical cream. Alprazolam is denied as this is not supported by the ODG guidelines and the patient does not have the diagnosis of severe anxiety or panic disorder. Fexmid is not supported for long term use based on MTUS. Topical cream was also denied. The treater notes from 6/22/13 shows that the patient is not ready to return to work, has pain in both neck and the wrists. He is requesting new wrist brace. 6/21/13 report is more comprehensive and includes discussion regarding meds. Patient has pain in C-spine, mild to moderate pain in bilateral wrists, no change in her condition. Diagnosis include synovitis and tenosynovitis, neck sprain. The treater then discusses Alprazola citing The Medical Disability Advisor for anxiolytic sedatives used to decrease anxiety and agitation. He cites MTUS for flexmid which states short term use but not for chronic use. He argues that he is using the topical cream to reduce GI impact of oral meds. Hand written note 2/11/13 shows that the patient is taking these meds as needed, mild pain neck and wrists. 2/15/13 report again shows that the patient is taking medications as needed and seen in 4 months intervals. There is a 6/21/13 report for request by treating physician. Alprazolam is at .5 mg qhs #60; Fexmid 7.5mg q8h prn #60 and topical cream as needed to reduce impact on patient's GI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam XR 0.5mg #60: 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), Pain (Chronic), which is not part of the MTUS..

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

Decision rationale: The review of the records indicates that the patient appears to be using Alprazolam on a daily basis at night time. MTUS does not support the use of Benzodiazepine as quoted above. This patient suffers from tendinitis and C-spine sprain. While I have reviewed the treater's argument, I do not see that the use of this medication is indicated even if the patient had a diagnosis of anxiety/pain disorder. MTUS simply does not support use of Benzodiazepines, certainly not for the given diagnosis.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprin Page(s): 64.

Decision rationale: This patient suffers from chronic tendinitis and neck sprain. The patient has been on Flexeril for some time now and the treater argues that the medication is used on as needed basis. The reports show that the patient is prescribed 7.5 mg #60 to be used every 8 hours. The treater's report does not provide information regarding exactly how this medication is being used. It does not described how many, for instance, were used over a month period, when they were used for what symptoms and how effective they were. Had the treater provided such information, and made the argument that this medication is indeed used for short-term, less than 4 days at a time, and that it is resulting in reduction of symptoms and improved function, perhaps it would be reasonable to support the request. However, the treater's reports simply do not provide such necessary information. It appears that the patient is just taking them #60 per month or so. MTUS does not support chronic use of Flexeril.

Flubiprofen 25% Lidocaine 5% topical cream 30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient suffers from chronic tendinitis of the wrists and sprain of the neck. Topical NSAID is indicated for osteoarthritis and tendinitis of the peripheral joints and for short-term use only, per MTUS as quoted above. Furthermore, Lidocaine topical cream is only indicated for neuropathic pain after failure of other oral meds. In this patient, neuropathy is not

one of the diagnosis. Since Lidocaine is not indicated, the compounded topical cream in its entirety cannot be recommended for authorization per MTUS.