

Case Number:	CM13-0031415		
Date Assigned:	12/04/2013	Date of Injury:	06/22/2002
Decision Date:	03/06/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This patient is a 43 year-old injured worker who sustained an injury on 6/22/02 while employed by the [REDACTED]. Requests under consideration include retrospective Prilosec 20mg 2tab/qd #60, DOS: 8/22/2013 and retrospective Fexmid 7.5mg bid #60, DOS: 8/22/2013. Report of 8/2/13 from [REDACTED] noted patient with lower back pain radiating into both lower extremities at 9/10 scale. Spinal cord stimulator which used to work very well has not been functioning properly ever since the patient lifted some boxes. It has been reprogrammed but still not good coverage. There is paresthesia in the abdomen and anterior right leg. It was reprogrammed again at office visit. Exam showed patient to be mildly distressed; TTP lumbar musculature; muscle rigidity; decreased ROM to 4 inches above knees in flexion and extension at 10 degrees; SLR positive at 45 degrees bilaterally; sensory deficit along L5 and S1 distribution. Diagnoses included Lumbar post-laminectomy syndrome; bilateral lower extremity radiculopathy; reactionary depression/anxiety; medication-induced gastritis; myocardial infarction on 1/2/13 with diagnosis of cardiomyopathy and congestive heart failure with 10-15 % EF. The patient was 100% permanently totally disabled. Request for Prilosec was modified for #30 and Fexmid was non-certified on 9/18/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20mg 2tab/qd #60, DOS: 8/22/: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: According to the MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any symptoms or definitive GI diagnosis to warrant this medication. The Retrospective Prilosec 20mg 2 tab/qd #60, DOS: 8/22/2013 is not medically necessary and appropriate.

FexMid 7.5mg bid #60, DOS: 8/22/2013: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2002. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains 100% permanently disabled. The retrospective FexMid 7.5mg bid #60, DOS: 8/22/2013 is not medically necessary and appropriate.