

Case Number:	CM13-0032474		
Date Assigned:	12/11/2013	Date of Injury:	06/25/2008
Decision Date:	01/30/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 65-year-old male who reported an injury on June 28, 2011 due to cumulative trauma while performing normal job duties. The patient developed right carpal tunnel syndrome that was treated with right carpal tunnel release. The patient developed cervical pain. The patient underwent an electrodiagnostic study that revealed C4-5 right-sided radiculopathy and right-sided carpal tunnel syndrome. The patient was treated conservatively with physiotherapy and medications. The patient was monitored for aberrant behavior with urine drug screens. The patient developed significant stomach pain, constipation, and major nausea related to medication usage. The patient's most recent clinical exam findings included tenderness to palpation of the cervical spine with multiple trigger points identified, limited range of motion of the cervical spine described as 30 degrees in flexion, 30 degrees in extension, 30 degrees in right and left lateral bending, and 60 degrees in right and left lateral rotation. It was also noted that the patient had decreased sensation along the posterior lateral arm and lateral forearm on the right side. The patient's medications included Norco 10/325 mg, Fexmid 7.5mg, Prilosec 20mg, Zofran 8mg, Trazodone 100mg, Xanax 0.5mg, Carafate 1mg, Colace 100mg, and Anaprox DS 550mg. The patient's diagnoses included cervical myoligamentous injury with right paracentral disc protrusion and associated right upper extremity radiculopathy, bilateral carpal tunnel syndrome, and medication-induced gastritis. The patient's treatment plan included continued medication usage, additional cervical epidural steroid injections, and a gastrointestinal endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FexMid 7.5mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxand (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and Muscle Relaxants Sections Page(s): 60,63.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California MTUS recommends the continued use of medications be based on functional benefit and pain relief. The clinical documentation submitted for review does not provide any evidence of significant functional benefit, as the patient continues to have multiple spasms and trigger points noted on examination. Additionally, the California MTUS does not recommend the extended use of this medication. As such, the requested Fexmid 7.5mg, #60, is not medically necessary or appropriate.

Zofran ODT, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/zofran.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Anti-emetics.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has significant findings for excessive nausea and vomiting. The Official Disability Guidelines recommend this medication for acute gastroenteritis. However, it is noted within the documentation that the patient's symptoms are not effectively managed with this medication. Therefore, continued use would not be indicated. As such, the requested Zofran ODT, #10, is not medically necessary or appropriate.

Carafate 1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, NSAIDs, GI Symptoms, and Cardiovascular risk; and <http://www.drugs.com/pro/carafate.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: <http://www.rxlist.com/carafate-drug/indications-dosage.htm>.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has significant gastrointestinal upset, possibly related to medication usage. The online resource, RxList, the internet drug index, indicate that this medication is appropriate for

the short-term treatment of active duodenal ulcers. The clinical documentation submitted for review does not provide any evidence that the patient has undergone endoscopic examination and concluded that the patient has active duodenal ulcers. Therefore, continued use of this medication would not be indicated. As such, the requested Carafate 1mg is not medically necessary or appropriate.

Xanax 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and Benzodiazepines Sections Page(s): 60,24.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California MTUS recommends medications used in chronic pain management be supported by functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence of significant functional benefit or symptom response related to this medication. Additionally, the California MTUS does not recommend the extended use of benzodiazepines to exceed greater than 4 to 6 weeks. Therefore, continued use of this medication would not be indicated. As such, the requested Xanax 0.5mg is not medically necessary or appropriate.