

Case Number:	CM13-0032830		
Date Assigned:	12/06/2013	Date of Injury:	03/05/2002
Decision Date:	02/07/2014	UR Denial Date:	09/25/2013
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 57-year-old male who reported a work-related injury on 03/05/2002. The patient is diagnosed with cervical radiculopathy, fibromyalgia, myositis, and cervical failed back syndrome. The patient was recently seen by the requesting provider on 10/09/2013. Examination revealed tenderness to palpation of the cervical spine with spasm of the right trapezius, painful range of motion and guarding to palpation of the lumbar facets, and antalgic gait. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 100mg/ml oral suspension - 2 teaspoons every night, dispense 420ml, with five (5) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California MTUS Guidelines state the clinician should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The clinician should also determine

if the patient is at risk for gastrointestinal events. As per the clinical notes submitted, there is no evidence of a cardiovascular disease or increased risk factor for gastrointestinal events. There is no evidence of a gastrointestinal condition for which the current requested medication is utilized. Based on the clinical information received, the current request is noncertified.

Klonopin 1mg tablets - 1 tablet every night for 30 days, dispense 30 tablets: 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 Section on Benzodiazepines Page(s): 24.

Decision rationale: California MTUS Guidelines state that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to demonstrate palpable muscle spasm in the cervical spine. Satisfactory response to treatment has not been indicated. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is noncertified.