

Case Number:	CM13-0037252		
Date Assigned:	12/18/2013	Date of Injury:	05/16/2012
Decision Date:	02/19/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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 61-year-old female who reported a work-related injury on 05/16/2012, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, bilateral carpal tunnel syndrome, carpal tunnel release to the left as of 06/13/2013, cervical spine sprain/strain, shoulder internal derangement, status post arthroscopic surgery, right lateral epicondylitis, and medication induced gastritis. The clinical note dated 11/22/2013 reports the patient was seen under the care of [REDACTED] for her continued pain complaints. The patient reports increasing pain about the cervical spine, which radiates down to the bilateral upper extremities, right greater than left. The provider noted the patient had recently undergone electrodiagnostic studies of the bilateral upper extremities, which revealed possible impingement at the C6-7 roots to the left. The provider documented upon physical exam of the patient, cervical spine range of motion was noted to be mildly decreased with 40 degrees flexion, 50 degrees extension, 40 degrees bilateral lateral bend, and 80 degrees bilateral rotation. The patient's reflexes were 2/4 throughout and motor strength was 5/5 throughout the bilateral upper extremities. The provider documents the patient utilizes Vicodin 5/500, Anaprox 550, Fexmid 7.5 mg, Prilosec 20 mg, and Colace 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg, 1 BID, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42..

Decision rationale: The current request is not supported. The clinical notes evidence this patient has been utilizing Fexmid chronic in nature for her work-related injuries sustained over a year and a half ago. California MTUS indicates cyclobenzaprine is recommended as an option utilizing a short course of therapy. Given that this medication is not supported for chronic use, the request for Fexmid 7.5 mg, 1 BID, #60 is not medically necessary or appropriate.

Prilosec 20mg, 1 BOD, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69..

Decision rationale: The current request is not supported. The provider documents the patient utilizes Prilosec for gastrointestinal complaints; however, documentation of specifics of the patient's gastrointestinal symptomatology were not evidenced in the clinical notes reviewed. The clinical notes failed to document how long the patient had been utilizing this medication and the clear efficacy of treatment. Given all of the above, the request for Prilosec 20 mg, 1 BID, #60 is not medically necessary or appropriate.

Trigger point injections x 4 (retrospective Date of service 9/3/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Occupational Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient utilizes trigger point injections in addition to her medication regimen. The provider documents the patient reports positive efficacy with utilization of trigger point injections, noted to be at 50% to 60% lasting up to 4 weeks. However, documentation of the patient's increase in quantifiable efficacy in the clinical notes was not evidenced, as noted by a decrease in rate of pain on a VAS and increase in objective functionality. Furthermore, the clinical notes document the patient has a diagnosis of cervical radiculopathy. California MTUS indicates criteria for the use of trigger point injections includes radiculopathy is not present by exam, imaging or neuro testing. The patient underwent electrodiagnostic testing of the bilateral upper extremities, which did reveal a C6-7 radiculopathy. Given all of the above, the request for Trigger point injections x 4 (retrospective DOS 09/03/2013) is not medically necessary or appropriate.

