MAXIMUS Federal Services

Case Number:	CM13-0045933		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2012
Decision Date:	03/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 60-year-old female who reported an injury on 05/16/2012. She is currently diagnosed with bilateral carpal tunnel syndrome, status post left carpal tunnel release in June 2013, cervical spine sprain/strain, bilateral shoulder internal derangement, status post arthroscopic surgery, right lateral epicondylitis and medication induced gastritis. The patient was seen by [redacted] on 11/22/2013. Physical examination revealed decreased cervical range of motion, tenderness to palpation with trigger points, 5/5 motor strength in bilateral upper extremities, and decreased sensation in bilateral hands with Tinel's testing on the right. Treatment recommendations included continuation of current medications including Vicodin, Anaprox, Fexmid, Prilosec, and Colace, as well as a cervical epidural steroid injection and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #60 (1 pill twice per day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient continues to demonstrate palpable trigger points with tenderness to palpation and decreased range of motion. Therefore, Fexmid is not medically necessary or appropriate.

Prilosec 20mg #60 (1 pill twice per day): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective nonsteroidal anti-inflammatory drug (NSAID). There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, Prilosec is not medically necessary or appropriate.

Four Retrospective Trigger Point injections provided on 10/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The California MTUS Guidelines state that trigger point injections are recommended only for myofascial pain syndrome. As per the documentation submitted, there was no indication of a failure to respond to conservative treatment, including stretching exercises, physical therapy, and NSAIDs. There was also no documentation of a palpable twitch response or referred pain. The patient has previously undergone trigger point injections. Documentation of a greater than 50% pain relief with evidence of objective measurable functional improvement was not provided. Additionally, there is no evidence of this patient's active participation in a home exercise program. Therefore, the trigger point injections were not medically necessary or appropriate.