

Case Number:	CM13-0048175		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2004
Decision Date:	04/25/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 53-year-old male who reported an injury on 10/28/2004. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to his head, neck and low back. The patient underwent posterior spinal fusion and instrumentation from T10-S1 in 03/2013. The patient had continued complaints of dysphagia following surgery and underwent high-resolution esophageal motility studies. As a result of this diagnostic study, the patient was diagnosed with nutcracker esophagus. A recommendation was made for a trial of diltiazem and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF DILTIAZEM 120MG BETWEEN 10/7/2013 AND 12/23/2013:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patel, M., & Madruga, M. J. (2011). Corkscrew Esophagus. Consultant, 51(8), 577

Decision rationale: The requested one prescription of diltiazem 120 mg between 10/07/2013 and 12/23/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not address the use of this medication as an esophageal relaxant. Peer-reviewed literature does recommend the use of diltiazem for complaints of dysphagia related to nutcracker esophagus. However, the request as it is written does not specifically identify a frequency or duration of treatment. Therefore, the efficacy and medical appropriateness of this medication cannot be determined. As such, the requested one prescription of diltiazem 120 mg between 10/07/2013 and 12/23/2013 is not medically necessary or appropriate.