MAXIMUS Federal Services

Case Number:	CM13-0053534		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2013
Decision Date:	03/11/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/18/2013

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 pain management, has a subspecialty in interventional spine and is licensed to practice in California. 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 63-year-old female with date of injury on 02/21/2011. The progress report dated 10/09/2013 by [redacted] indicates that the patient's diagnoses include: 1. Cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis. 2. Right wrist mild carpal tunnel syndrome. 3. Left wrist probable carpal tunnel syndrome. 4. Left shoulder periscapular strain and impingement syndrome. The patient continues with complaints of worsening left upper extremity symptoms and reports that her right wrist and hand symptoms have continued to improve. Physical exam findings include tenderness to palpation of the cervical spine with mild spasm and muscle guarding over the paraspinal musculature. There is decreased sensation in the left upper extremity in a patchy nondermatomal pattern. A request for authorization of a refill of Prilosec and Flexeril 10 mg was requested. Utilization review letter dated 10/18/2013 had issued non certification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Prilosec 20mg: 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): 69.

Decision rationale: The patient continues with bilateral wrist pain. The MTUS Guidelines page 69 regarding NSAIDs, GI symptoms and cardiovascular risks states that clinician should determine if the patient is at risk of gastrointestinal events. These risk factors include: 1. Age greater than 65 years. 2. History of peptic ulcer, GI bleeding or perforation. 3. Concurrent use of aspirin, corticosteroids, and/or anticoagulant. 4. High-doses/multiple NSAID. MTUS further states that treatment of dyspepsia secondary to NSAID therapy recommends treatment with an H2-receptor antagonist or a PPI. It is unclear by the medical records if the patient is concurrently taking NSAIDs with the Prilosec. However, the progress report dated 07/22/2013 indicates that the patient did complain of GI upset with medication use which was helped with the Prilosec. The patient was taking tramadol, Prilosec, and Flexeril at that time. However, the patient is not taking any NSAIDs and the provider does not explain why this patient is having GI upset problems. Tramadol can cause some nausea but is not a medication that typically causes gastritis. GI prophylaxis pertains to patients that are taking NSAIDs. Recommendation is for denial.

Flexeril 10mg: 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): 64.

Decision rationale: The patient continues with bilateral wrist pain. Exam findings also indicate cervical paraspinal muscle tenderness to palpation and muscle spasm and guarding. The records appear to indicate the patient has been on Flexeril for multiple months. The treating physician does not indicate that the patient only takes this for short-term relief of flare-ups. MTUS Guidelines page 64 regarding Flexeril recommends this medication for a short course of therapy and specifically does not recommend this medication to be used for longer than 2 to 3 weeks. The records appear to indicate this patient has been on Flexeril for chronic use which is not supported by MTUS Guidelines. Therefore, recommendation is for denial.