

Case Number:	CM13-0059633		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2006
Decision Date:	05/15/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 40-year-old female who reported an injury on 07/05/2006 after she was forcibly pulled down by a client that caused immediate onset of low back pain. The injured worker's treatment history included physical therapy, medications, epidural steroid injections, acupuncture, and fusion surgery. The injured worker was evaluated on 10/31/2013. It was documented that the injured worker continued to have pain complaints rated at a 2/10 to 3/10. The injured worker's medication schedule included tramadol 150 mg 1 tablet per day, gabapentin 1 tablet per day, and Fexmid 1 tablet per night. Objective findings included tenderness to palpation of the cervical and lumbar spine with restricted range of motion of the cervical and lumbar spine due to pain. It was documented that the injured worker had hyperesthesia in the right C2, C3, and C6 dermatomes. The injured worker's treatment plan included continuation of a home exercise program with the use of a TENS unit and a lumbar support, an electrodiagnostic study, and refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid)..

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

Decision rationale: The requested 1 prescription of Fexmid 7.5 mg #60 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. The clinical documentation submitted for review indicates that the injured worker has been using this medication for an extended duration. The California Medical Treatment and Utilization Schedule recommends a treatment duration of 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation does not provide any evidence that this is an acute exacerbation of chronic pain and would benefit from a muscle relaxant. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of Fexmid 7.5 mg #60 is not medically necessary or appropriate.

ZANTAC 150MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan health System, Gastroesophageal reflux disease (GERD)..

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

Decision rationale: The requested 1 prescription of Zantac 150 mg, #60 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that she is at risk for developing gastrointestinal events due to medication usage. Therefore, the need for a gastrointestinal protectant is not supported. Additionally, the request as it is submitted does not specifically identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of Zantac 150 mg, #60 is not medically necessary or appropriate.