MAXIMUS Federal Services

| Case Number: | CM13-0065514 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 08/02/1999 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

## 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 & Rehabilitation, has a subspecialty in Sports Medicine 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 female who reported an injury on 08/02/1999. The mechanism of injury was not provided for review. The patient ultimately developed chronic pain in the neck, shoulders, and upper back that was managed with multiple medications, a home exercise program, heat, and a TENS unit. The patient's most recent objective physical findings included tenderness to palpation along the paravertebral musculature of the cervical and lumbar spine with active trigger points and positive paresthesia and limited cervical range of motion. The patient's diagnoses included complex regional pain syndrome of the right upper extremity, cervical radiculitis, fibromyalgia, temporomandibular joint syndrome, carpal tunnel, left shoulder impingement, and gastroesophageal reflux disease. A request was made for 100 CSU chlordiazepam/clidinium 5/2.5 mg with 3 refills and Align 4 mg for a 30 day supply.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CHLORDIAZEPAM/CLIDINIUM 5/2.5MG #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Drug Information from the National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain Page(s): 60. Decision based on Non-MTUS Citation www.drugs.com

**Decision rationale:** An online resource, drugs.com, indicates that this medication is used to reduce stomach acid and decrease intestinal spasms related to stomach ulcers, IBS, and intestinal infections. The patient's most recent clinical documentation does note that the patient has intestinal spasming. It was noted that the patient was prescribed Librax, Bentyl, and Align to assist with symptom control. The clinical documentation indicated that the patient has been on this medication since at least 03/2013. California Medical Treatment Utilization Schedule recommends that any medications used in the management of chronic pain be supported by documentation of functional benefit and symptom relief. The clinical documentation submitted for review fails to identify any symptom relief or functional benefit related to this medication usage. Therefore, continued usage would not be supported. As such, the requested 100 CSU Chlordiazepam/clidinium 5/2.5mg with three refills is not medically necessary or appropriate.

**ALIGN 4MG #28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food, and information from www.webmd.com.

**Decision rationale:** The requested 28 Align 4mg, 30 days is not medically necessary or appropriate. An online resource, WebMD, indicates that this medication is a probiotic. Probiotics are available in foods. Official Disability Guidelines recommend the addition of medical foods as supplements when there is evidence of nutritional intake deficits that would benefit from specific additional nutrients. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. However, there is no documentation of continued nutritional deficits that have been unresponsive to normal intake. Therefore, continued use of this product would not be supported. As such, the requested 28 Align 4mg, 30 days is not medically necessary or appropriate.