

Case Number:	CM14-0007109		
Date Assigned:	02/07/2014	Date of Injury:	02/27/1978
Decision Date:	07/14/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/15/2014

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 Occupational medicine, 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 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 55-year-old who has filed a claim for cervical disc disease with radiculopathy associated with an industrial injury date of February 27, 1978. Review of progress notes indicates headaches, neck pain with radiation into the right upper extremity, and low back pain. Patient also reports poor sleep quality. Findings include tenderness of the right shoulder and cervical region; positive Spurling's sign to the right C6-7 distribution; decreased cervical range of motion; decreased sensation to the C5-7 dermatomes on the right and C5-6 dermatomes on the left; decreased motor strength of bilateral C5 myotomes; and positive Tinel's and Phalen's signs at the wrist. MRI of the cervical spine dated August 14, 2012 showed multilevel degenerative changes with spinal stenosis and foraminal narrowing. Electrodiagnostic testing of bilateral upper extremities dated February 08, 2013 was normal. Treatment to date has included NSAIDs, muscle relaxants, opioids, sedatives, antidepressants, Fiorinal, topical analgesics, physical therapy, aquatic therapy, chiropractic therapy, home exercise program, muscle stimulation, cervical and lumbar bracing, cervical traction, and cervical epidural steroid injection in October 2013. Utilization review from January 02, 2014 denied the requests for Prilosec 20mg #30 as there is no documentation of GI symptoms; pain management consultation with [REDACTED] as there was no significant functional improvements following the previous epidural steroid injection; Fexmid 7.5mg #60 as there was no improvement with use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #30 BETWEEN 12/4/2013 AND 3/31/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular Risk.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of a PPI (proton pump inhibitor) more than one year has been shown to increase the risk of hip fracture. Patient has been on this medication since April 2013. However, there is no documentation regarding the abovementioned GI risk factors or upper GI symptoms in this patient. The request for Prilosec 20mg, thirty count, is not medically necessary or appropriate.

ONE (1) PAIN MANAGEMENT CONSULTATION WITH [REDACTED] BETWEEN 12/4/2013 AND 3/31/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient underwent cervical epidural steroid injection in October 2013 as advised by pain management specialist [REDACTED]. However, there is no documentation regarding the results or derived benefits from this procedure. The request for one pain management consultation with [REDACTED] is not medically necessary or appropriate.

FEXMID 7.5MG #60 DISPENSED 12/4/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first four days of treatment. Patient has been on this medication since January 2013. There is no documentation regarding the benefits derived from this medication. Also, this medication is not recommended for chronic therapy. There were also no submitted progress notes after October 2013. The request for Fexmid 7.5mg, sixty count, provided on december 4, 2013, is not medically necessary or appropriate.