

<b>Case Number:</b>	CM14-0100940		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/06/1986
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 66-year-old female who reported an injury on 06/06/1986. The mechanism of injury was not stated. Current diagnoses include C5-6 disc herniation with stenosis, CRPS type 1, headaches, xerostomia, carpal tunnel syndrome, hand weakness, and fibromyalgia. The latest physician progress note submitted for this review is documented on 07/17/2014. Previous conservative treatment includes medication management. The injured worker reported hypersensitivity, sweating, hyperalgesia, and swelling of the bilateral upper and lower extremities. The current medication regimen includes omeprazole, Kadian 70 mg, Cymbalta 60 mg, hydrocodone 10/325 mg, topiramate, Maxalt, cephalosporin, and propranolol. Physical examination on that date revealed multiple trigger points in the bilateral cervical, iliaks, gluteals, proximal forearms, and right trapezius with a twitch response and radiating pain, normal deep tendon reflexes, normal motor strength with the exception of the left interosseous, and restricted cervical range of motion. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted on the requesting date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Nystatin 100 units 473 ml:** 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 Official Disability Guidelines do not specifically address the requested medication. [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 21 Aug 2014. Nystatin is used to treat fungal infections of the skin, mouth, vagina, and intestinal tract. Fungal medicines will not work for colds, flu, or other viral infections.

**Decision rationale:** According to the US National Library of Medicine, nystatin is used to treat fungal infections of the skin, mouth, vagina, and intestinal tract. The injured worker does not maintain a diagnosis of a fungal infection. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Propranolol 40 mg # 90:** 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 Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

**Decision rationale:** The Official Disability Guidelines recommend hypertension treatment after lifestyle modification with diet and exercise. Propranolol is a first line, fourth edition beta blocker. The injured worker does not maintain a diagnosis of hypertension. There is no documentation of chronic hypertension as evidenced by vital sign documentation at each office visit. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.