

Case Number:	CM14-0135944		
Date Assigned:	09/03/2014	Date of Injury:	09/11/2013
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Emergency 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 injured worker is a 47-year-old female, who reported an injury on 09/11/2013 due to a big cart tilting over, hitting her in the left side of the face, left chest, left arm and lower leg. The injured worker had a history of neck pain, radiating bilateral arm pain, mid to lower back pain, and bilateral radiating leg pain. The injured worker had a diagnosis of acute injury, cervical strain with possible although doubtful radiculopathy, bilateral shoulder rotator cuff tendinitis/bursitis/impingement, bilateral lateral epicondylitis, thoracolumbar strain with doubtful bilateral leg radiculopathy, and contusion to the lower left leg. The MRI dated 02/26/2014 revealed normal anatomical alignment, mild disc space narrowing at L3-4. Spinal canal was developmentally normal size. Mild broad left paracentral annular bulge at the L4-5 with slight impingement and displacement of a third left L5 nerve root sleeve. The medications included Norco and Flexeril. The injured worker described her pain a 9/10, agitated with any physical activity, including sitting, standing, walking, bending, lifting, or twisting. Only partial improvement with the Norco and Flexeril. The physical examination dated 02/28/2014 revealed range of motion of the cervical spine with flexion a half inch to the chest, extension 25 degrees, and no radiating. Spurling's test and compression test were negative. Ranges of motion to the shoulders were complete and symmetric, painful to the right. The upper extremity strength was a 5/5 symmetrically, with forward flexion to the right shoulder 180 degrees, adduction 180 degrees; external rotation was 70. With a positive impingement sign. The physical examination to the lumbar spine revealed range of motion with flexion of 70 degrees and extension 70 degrees. No mention of radiating leg pain. Lower extremity strength was 5/5. The lower extremity sensation was intact to pinprick and light touch to all areas of the lower extremity. Straight leg raise was 90 degrees sitting and 70 degrees supine. The treatment plan included possible additional treatment, such as acupuncture and chiropractic to the spine, Protonix,

Fexmid, and followup with dentist. The Request for Authorization dated 09/03/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Fexmid 7.5mg Quantity: 60 is not medically necessary. The California MTUS states that Cyclobenzaprine (Fexmid is a generic of flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The clinical notes indicated that although the exam was uncomfortable, the findings were relatively benign. The request did not indicate the frequency. As such, the request is not medically necessary.

Protonix 20mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix 20mg Quantity: 60 is not medically necessary. The California MTUS indicate that Non-steroidal anti-inflammatory agents per Package inserts it is recommended to perform periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Determine risk factors for history of peptic ulcer, GI bleeding or perforation. Per the documentation provided, no CBC or chemistry profile was evident in the documentation that included a liver and renal functional testing. The injured worker did not have a diagnosis of gastrointestinal problems. No history of peptic ulcers. The request did not indicate the frequency. As such, the request is not medically necessary.

Follow up with dentist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head: Office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Office visits - opioid management Page(s): 78-79.

Decision rationale: The request for follow up with dentist are not medically necessary. The California MTUS guidelines recommend a frequency of office visits for opioid management while in the trial phase of the first 6 months every week for 2 - 4 months, then every 2 weeks for the first 2 to 4 months. Additionally they indicate that according to the California Medical Board Guidelines for Prescribing Controlled substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. The clinical notes did not indicate any injuries or complaints that pertain to the need for dental care. As such, the request is not medically necessary.