

Case Number:	CM14-0136802		
Date Assigned:	09/03/2014	Date of Injury:	01/16/2010
Decision Date:	09/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old male with a work injury dated 1/16/10. The diagnoses include reactive depression; tear of triangular fibrocartilage; Coccydynia; status post left carpal tunnel release, 3/ 16/2012; L4-S1 moderate to severe facet arthropathy; L4-5 disc displacement/annular tear; neck pain; dorsal left wrist ganglion; lumbar paresthesias; status post left first dorsal extensor compartment reconstruction,10/28/2013. Under consideration is a request for Fexmid 7.5mg #90; Protonix 20mg #60 and Restoril 30mg #30. There is a primary treating physician report dated 7/23/14 which states that the patient has some increasing complaints of swelling in the left wrist on Sunday, this has resolved to its baseline. The patient continues to treat conservatively to the best of his abilities. He has ongoing neck pain, rated a 6 on VAS. He continues to have low back with numbness in the bilateral lower extremities, rated as a 6 on VAS. He has ongoing left wrist pain and numbness on the left thumb, rated as a 6 on VAS. On exam there is tenderness to palpation left first dorsal extensor compartment. There is significant pain with radial deviation, tenderness through palpation to the base of the thumb and distal radius. Range of motion of the left thumb is full but painful. The patient walks with a normal gait and has a normal heel-toe swing-through gait, with no evidence of limp. There is no evidence of weakness walking on the toes or the heels. The patient is slow to go from sitting to standing. There is palpable tenderness across the upper buttocks bilaterally. There is decrease sensation over the L4, L5 and SI dermatomes. There is decreased lumbar range of motion. There is 5/5 BLE strength. There is a request for lumbar discogram; consult with a hand specialist; and a refill of Norco 10/325 mg 1 p.o. Q 4 hours #180, Ultram 50 mg 1 p.o. TID #90, Fexmid 7.5mg 1 p.o. TID #90, Motrin 800 mg 1 p.o. TID #90, Protonix 20 mg 1 p.o. BID #60 and Restoril 30 mg 1 p.o. QH8 #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Antispasmodics Page(s): 41-42; 6.

Decision rationale: Fexmid 7.5 mg #90 is not medically necessary per MTUS guidelines. Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. From the documentation submitted patient has been on this medication much longer than the 2-3 week recommended period and therefore continued use is not medically necessary. The request for Fexmid 7.5mg#90 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Proton pump inhibitors (PPIs).

Decision rationale: Protonix 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG Guidelines. The MTUS criteria for a proton pump inhibitor include : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The documentation indicates that the patient takes Motrin 800mg three times daily. The documentation does not indicate that the patient has failed first line proton pump inhibitors. The ODG does not recommend Protonix as a first line proton pump inhibitor. Therefore, the request for Protonix 20mg #60 is not medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Restoril 30mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has been on Restoril for longer than the recommended time frame for this medication. The request for Restoril 30mg #30 is not medically necessary.