

Case Number:	CM14-0147155		
Date Assigned:	09/15/2014	Date of Injury:	06/25/2009
Decision Date:	11/03/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 41 year old male with an injury date of 06/25/09. Based on the 08/04/14 progress report provided by [REDACTED], the patient complains of right upper extremity pain following a right hand laceration that required surgery and digital nerve compression. He developed RSD following the surgery. Physical examination to the right hand reveals surgical scar. Per progress report dated 08/04/14, provider plans to start patient on Zantac for acid reflux secondary to medications. Patient tried OTC and it was effective. Patient is also taking Celebrex. Patient states having spasm pain rated 10/10, which was decreased to a tolerable 6/10 with Zanaflex. Diagnoses as of 08/04/14 are causalgia upper limb, peripheral neuropathy and extremity pain. The utilization review determination being challenged is dated 08/27/14. The rationale follows: 1) Zantac 150mg #30: Celebrex does not erode the stomach mucosa as a COXII Inhibitor, 2) Zanaflex 4mg #60: No functional use demonstrated [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 03/12/14 - 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

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

Decision rationale: Patient presents with right upper extremity pain following a right hand laceration that required surgery and digital nerve compression. The request is for Zantac 150mg #30. His diagnosis dated 08/04/14 includes causalgia upper limb, peripheral neuropathy and extremity pain. MTUS page 69, NSAIDs, GI symptoms & cardiovascular risk states: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Zantac/Ranitidine is a histamine H2-blocker and patient is taking Celebrex. Per progress report dated 08/04/14, provider plans to start patient on Zantac for acid reflux secondary to medications, since patient tried OTC and it was effective. The request is reasonable and meets MTUS indications. Therefore, this request is medically necessary.

Zanaflex 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

Decision rationale: Patient presents with right upper extremity pain following a right hand laceration that required surgery and digital nerve compression. The request is for Zanaflex 4mg #60. His diagnosis dated 08/04/14 includes causalgia upper limb, peripheral neuropathy and extremity pain. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, page 66 allow the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. Per progress report dated 08/04/14, patient states having spasm pain rated 10/10, which was decreased to a tolerable 6/10 with Zanaflex. Provider has documented that Zanaflex is effective in reducing pain. The request is in line with MTUS indication. Therefore, this request is medically necessary.