

Case Number:	CM14-0031774		
Date Assigned:	06/20/2014	Date of Injury:	02/14/2008
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/12/2014

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 Internal 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 employee was a 43- year old female who was being treated for low back pain. The date of injury was 02/14/2008. The mechanism of injury was unavailable. Her most recent evaluation included EMG/NCS that showed evidence of left L4 and L5 lumbar radiculopathy and a discogram on 05/16/13 that revealed discogenic pain at the L3-L4 and L5-S1 levels. She had a prior history of L4-L5 fusion and had received epidural steroid injections in past. Her medical problems also included Xerostomia due to medications, insomnia, constipation and acid reflux. The most recent progress note was from 02/05/14. Subjective complaints included back pain radiating from low back down to both legs and lower backache. There were no new problems or side effects. Her medications were reportedly working well. Doxepin was working well for her insomnia. Her medications included Bisacodyl, Doc-q-lace, Evoxac, Zanaflex, Percocet, Lyrica, Aciphex, MS Contin, Doxepin, Advair, Albuterol, Clarinex D, Nasarel, Zovia, Maxalt, Allegra D and Amitiza. Pertinent objective findings included surgical scar on inspection of lumbar spine, limited range of motion of spine, spasms of paravertebral muscles and decreased sensation to light touch over lateral foot and lateral calf on the left side. Her diagnoses included lumbar radiculopathy, spinal degenerative disc disease and trigger finger. The treatment plan included continuing Amitiza, Doxepin, Aciphex, Zanaflex, Percocet, MS Contin, Evoxac, Bisacodyl, Lyrica and Doc-q-lace. The request was for Evoxac.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVOXAC 30MG, TAKE 1 DAILY QTY 30, REFILLS 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape, Managing the patient presenting with Xerostomia: A review.

Decision rationale: The employee had low back pain due to lumbar disc disease and was status post L3-L4 disc fusion. She was being treated with multiple medications including Zanaflex, Doxepin, antihistamines and Opioids which can cause significant dry mouth. In particular, Zanaflex and Doxepin cause significant dry mouth. The current recommendation is to prescribe alternative medications or adjust the current regimen while increasing fluid intake and while avoiding smoking and stress. If the initial conservative measures fail, salivary substitutes or salivary stimulants can be used. In this particular case, there is no documentation that medication adjustment has been tried. It is also not clear what conservative or supportive measures if any have been recommended. In the absence of the above, a request for Evoxac which is a salivary stimulant is not medically necessary.