MAXIMUS Federal Services

Case Number:	CM14-0034566		
Date Assigned:	06/20/2014	Date of Injury:	05/07/2007
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine, 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 54-year-old female who was injured on May 7, 2007 due to cumulative trauma. Re-evaluation note and progress report dated January 22, 2014 indicates the patient has persistent pain of the neck with severe headache as well as low back pain that radiates to, right greater than left, left lower extremity with numbness and tingling. Objective findings on exam revealed tenderness at the cervical paravertebral muscles and upper trapezial muscle with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful restricted cervical range of motion. There is dysesthesia at C5-C7 dermatome. The lumbar spine revealed tenderness at the lumbar paravertebral muscle. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the right L5 and S1 dermatomes. Diagnoses are cervical discopathy with MRI evidence of disc protrusion at C5-C6 and C6-C7; degenerative disk disease at L5-S1 and carpal tunnel/double crush/DeQuervain's. The treatment and plan included a course of therapy once a week for 6 weeks for exacerbation of her neck and back symptomatology. Prior utilization review dated February 21, 2014 states the request for Librax #60 with 3 refills was not approved as it is not recommended for long-term use and not recommended by the guideline and Famotidine 40mg, #90 with 6 refills was not authorized as there is no documented evidence for a need of dietary change resulting from GI symptoms such request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Librax #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Guideline Title: Spasmocanulase in irritable bowel syndrome http://www.ncbi.nlm.nih.gov/pubmed/12370715.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

Decision rationale: This is a request for Librax to treat irritable bowel syndrome for a 54-year-old injured on May 7, 2007. Librax contains Chlordiazepoxide, a benzodiazepine. The Chronic Pain Medical Treatment Guidelines and ODG guidelines do not recommend long-term use of benzodiazepines due to lack of efficacy and risk of dependence. Provided medical records do not specifically address Librax. The request for Librax, sixty count with three refills, is not medically necessary or appropriate.

Famotidine 40mg, #90 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PPI's or H2 blockers.

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

Decision rationale: This is a request for Famotidine with six refills to treat dyspepsia and heartburn for a 54-year-old injured on May 7, 2007. The Chronic Pain Medical Treatment Guidelines recommend H2 receptor antagonists to treat dyspepsia secondary to NSAID use. However, it is unclear from the records if the patient is taking an NSAID. Further, provided records do not contain any discussion of Famotidine. The patient appears to have been switched to Omeprazole. The request for Famotidine 40mg, ninety count with six refills, is not medically necessary or appropriate.