

Case Number:	CM14-0188691		
Date Assigned:	11/19/2014	Date of Injury:	06/07/2012
Decision Date:	01/07/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine & Rehabilitation 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:

This 52 year-old custodian sustained an injury on 6/7/12 from being struck in the face by part of a desk while employed by [REDACTED]. Request(s) under consideration include Prilosec 20mg and Fexmid 7.5mg. Diagnoses include Cephalgia/ Cervical herniated discs C3-4, C6-7 with radiculitis/ radiculopathy; nasal fracture s/p septoplasty surgery x2; bilateral shoulder strain/sprain; carpal tunnel syndrome bilaterally; wrist strain/sprain/ tendinitis; lumbar spine sprain/strain/ facet arthritis L3-4 with mechanical low back pain; anxiety and depression symptoms; and hypertension. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/8/14 from the provider noted the patient with chronic ongoing symptom complaints involving the cervical spine, right shoulder, bilateral hands/wrists with difficulty sleeping, headaches and symptoms of anxiety and depression. Exam showed unchanged findings of diffuse limited cervical spine range of motion with spasm over bilateral trapezius. Report of 10/20/14 noted unchanged chronic symptoms in the neck with headaches rated at 8-9/10 with difficulty sleeping. Exam showed unchanged identical findings of limited cervical range and bilateral trapezius spasm. Treatment included CESI and medications. The patient remained off work and totally disabled. The request(s) for Prilosec 20mg and Fexmid 7.5mg were denied on 10/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Therefore Prilosec 20mg is not medically necessary.

Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic 2012 injury. Therefore Fexmid 7.5mg is not medically necessary.