

Case Number:	CM14-0194988		
Date Assigned:	12/02/2014	Date of Injury:	04/27/2010
Decision Date:	01/16/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/20/2014

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 Orthopedic Spinal Surgeon and is licensed to practice in New York. 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 a date of injury of April 27, 2010. He injured his neck when he fell. He was diagnosed with degenerative disc condition at multiple levels. He has chronic neck pain. Electrodiagnostic testing show left ulnar nerve neuropathy with no evidence of cervical radiculopathy. On physical examination cervical range of motion is normal. He has normal strength in his upper extremities. Patient has had trigger point injections. He still complains of neck pain. Additional physical examination shows normal sensation in all extremities. Cervical MRI shows left C6-7 posterior lateral disc herniation. At issue is whether cervical fusion surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg 1 by mouth twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines do not recommend the chronic use of muscle relaxants were neck pain. Guidelines indicate that these medications are for short-term use for acute

exacerbations of chronic low back pain. In this case this medicine is being used long-term which is not supported by guidelines. Therefore the request is not medically necessary.

Protonix 20mg, 2 tablets 1 half hour before breakfast daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical records do not document any evidence of gastrointestinal problems or gastrointestinal pain. This medication is only indicated the patient has documented GI risk factors or GI problems. MTUS guidelines do not recommend the use of this medicine in patients who do not have documented GI dysfunction. Therefore the request is not medically necessary.

Terocin Patches to be applied time 12 hours once daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines indicate that this medicine should only be used if there has been a trial of first-line therapy such as an antidepressant or gabapentin. The medical records do not indicate that there is been a failure first-line treatment consisting of a Tri-Cyclic antidepressant with serotonin uptake inhibitors antidepressant. Also there is no documentation of the use of gabapentin or Lyrica. Criteria for the use of this medication not met. Therefore the request is not medically necessary.