MAXIMUS Federal Services

Case Number:	CM14-0200662		
Date Assigned:	12/19/2014	Date of Injury:	12/08/2005
Decision Date:	02/25/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 12/08/2005. The date of the utilization review under appeal is 10/22/2014. This patient's diagnoses include fibromyalgia, possible cervical disc disease, and bilateral carpal tunnel syndrome.Primary treating physician pain management evaluation note of 08/26/2014 notes that the patient presented with ongoing severe pain in both wrists with nerve-like pain to her arms and legs and neck. The patient felt that she had both carpal tunnel syndrome pain and also more diffuse and less distinct fibromyalgia symptoms. The patient felt that she had difficulty doing house chores due to carpal tunnel syndrome. The patient also reported worsening of fibromyalgia symptoms in the upper back and neck region. Overall, the treating physician felt that the patient had a severe flare-up of pain in the hands, forearms, and arms due to carpal tunnel syndrome and felt the patient might need physical therapy and electrodiagnostic studies. The treating physician felt the patient's medications were stable including Norco, Lyrica, Nexium for GI symptoms, and also Cymbalta. The treating physician planned to continue the patient's medications.A permanent stationary report of 10/30/2014 notes at that time the patient reported total body pain and depression. Medications at that time included Lyrica, modafinil, Cymbalta, and Nexium.A prior physician review of 10/22/2014 notes that this patient has a history of Barrett's esophagus and notes that a prior agreed medical examiner stated on 09/10/2013 that Nexium did work but was expensive and that Pepcid Complete would be preferred. That review recommended evidence of continued NSAID use or documentation of gastrointestinal complaints in order to support an indication for continued gastrointestinal prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary and Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: The California Medical Treatment Utilization Schedule does not directly discuss this medication. Official Disability Guidelines/Treatment in Workers Compensation/Pain does discuss this medication and states that it is indicated to improve wakefulness in patients with sleepiness associated with narcolepsy or obstructive sleep apnea or shift work sleep disorder. The medical records do not discuss having these diagnoses. A rationale or indication for this medication is not apparent at this time. This request is not medically necessary.

Nexium 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories and GI symptoms Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antiinflammatory medications and gastrointestinal symptoms, page 68, states that the treating physician should determine if the patient is at risk for gastrointestinal events. The medical records in this case discuss a history of Barrett's esophagus but do not clearly discuss if the patient has ongoing gastrointestinal symptoms or ongoing antiinflammatory medication use. Overall, the records, thus, discuss a past indication for gastrointestinal prophylaxis but do not clearly indicate that this remains a current indication. Thus, overall this request is not supported by the treatment guidelines. This request is not medically necessary.