

Case Number:	CM14-0202039		
Date Assigned:	12/12/2014	Date of Injury:	03/04/2011
Decision Date:	02/12/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old woman who sustained a work related injury on March 4, 2011. Subsequently, she developed chronic neck, upper back, right shoulder, and wrist pain. Prior treatments include: medications (Celexa, Norco, Trazadone, Gabapentin, Pantoprazole, Lidocaine, Celebrex, Metformin, and Zyrtec), physical therapy, and left side cervical facet MBB (on August 15, 2014). According to a progress report dated November 17, 2014, the patient reported pain along the left wrist and right wrist. Her pain level has increased since the last visit. She reported that pain occurs constantly. In addition to pain, she also complained of joint pain, joint stiffness, joint swelling, muscle spasms, numbness, tingling, and weakness. The patient rated her level of pain as a 6/10 with medications and 10/10 without medications. Examination of the cervical spine revealed a restricted range of motion with extension limited to 20 degrees due to pain, lateral rotation to the left limited to 60 degrees due to pain, and lateral rotation to the right limited to 45 degrees due to pain, but normal flexion. Cervical facet tenderness C5, C6, C7 on the right all upper limb reflexes were equal and symmetric. Pinprick test was slightly decreased at the left C6, C7, C8, and T1. Manual muscle testing of the left arm was not performed due to severe pain. Diffuse atrophy was noted of the left forearm and hand. There was tenderness along the right upper trapezius, right rhomboid, and lateral epicondylar region. Right sided facets and cervical paraspinals were tender. The patient was diagnosed with extremity pain, RSD upper limb, shoulder pain, cervical facet syndrome, and spasm of muscle. The provider requested authorization for metformin and Zyrtec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Type 2 Diabetes Mellitus, <http://emedicine.medscape.com/article/117853-overview>

Decision rationale: According to Medscape guidelines, Metformin is used in type 2 diabetes. There is no clinical evidence suggesting the patient is diagnosed with type 2 diabetes. Therefore the request is not medically necessary.

Zyrtec 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com (Cetirizine)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cetirizine. <http://reference.medscape.com/drug/zyrtec-cetirizine-343384>

Decision rationale: According to Medscape guidelines, Zyrtec is used in type case of allergy. Zyrtec is an anti-histamine drug used to treat allergies. There is no documentation that the patient is suffering from any form of allergy requiring Zyrtec. Therefore, the request is not medically necessary.