

Case Number:	CM15-0186771		
Date Assigned:	09/28/2015	Date of Injury:	09/28/2010
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 61 year old female, who sustained an industrial injury on 09-28-2010. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for status post left carpal tunnel release, status post left thumb A-1 pulley release, left lateral epicondylitis, left ulnar neuropathy cubital tunnel, left basal joint degenerative traumatic arthritis, left DeQuervain's disease, and left chronic wrist pain. Treatment and diagnostics to date has included cortisone injections and medications. Current medications include Fexmid, Maxalt, Lunesta, and Prilosec. After review of received progress note dated 08-21-2015, the injured worker reported pain in left elbow and left thumb. No other progress notes received. Objective findings included edema and deformity of the left basal joint and decreased painful range of motion. The Utilization Review with a decision date of 09-16-2015 denied the request for Maxalt 10mg 1 tablet by mouth 1-2x per day as needed #12, refill: 0, Lunesta 1mg 1 tablet by mouth at bedtime as needed #30, refill: 0, Prilosec 20mg 1 tablet by mouth daily as needed #30, refill: 0, and Fexmid 7.5mg 1 tablet by mouth three times daily as needed #60, refill: 0.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10 mg 1 tablet by mouth Q1-2 times/day PRN #12 Refill 0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Although triptans are recommended in the Official Disability Guidelines, the medical records do not indicate that the patient's headaches are migraine in origin, or that migraines are a contributor to the occupational injury. Maxalt 10 mg is not medically necessary.

Lunesta 1 mg 1 tablet by mouth at bedtime PRN #30 Refill 0: 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 Chapter.

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

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. Lunesta 1 mg is not medically necessary.

Prilosec 20 mg 1 tablet by mouth QD PRN #30 Refill 0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20 mg is not medically necessary.

Fexmid 7.5 mg, 1 tablet by mouth TID PRN #60 Refill 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Fexmid 7.5 mg is not medically necessary.