

Case Number:	CM15-0028056		
Date Assigned:	02/20/2015	Date of Injury:	06/01/2001
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on June 1, 2001. The diagnoses have included status post anterior cervical fusion and discectomy of C3 to C7. Treatment to date has included surgical intervention to the cervical spine, diagnostic studies and medication. Currently, the injured worker complains of right shoulder pain and constant moderate cervical spine pain. The pain is aggravated with activity such as turning the shoulder, bending, twisting and turning of the head and neck. On examination, the injured worker had tenderness of the anterior shoulder and with rotation had painful crepitation in the glenohumeral joint and mild tenderness of the distal acromion and clavicle. She had full shoulder range of motion and cervical paraspinal tenderness with guarding. There was decreased motion of the cervical spine. On January 15, 2015 Utilization Review non-certified a request for Fexmid 7.5 mg #60 and Prilosec 20 mg #60, noting that Fexmid is recommended to be used for no longer than 2-3 weeks and there was no documentation of meaningful improvement with cyclobenzaprine and noting that there is no documentation of gastrointestinal complains to substantiate the request for Prilosec. The California Medical Treatment Utilization Schedule and non-MTUS references were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of Fexmid 7.5 mg #60 and Prilosec 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page 64.

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 injury. The Fexmid 7.5 mg #60 with 2 refills is not medically necessary and appropriate.

Prilosec 20 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol. 2013 Mar; 108 (3): 308-28. (184 references)

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

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion 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. The Prilosec 20 mg #60 with 2 refills is not medically necessary and appropriate.