MAXIMUS Federal Services

Case Number:	CM15-0212391		
Date Assigned:	11/02/2015	Date of Injury:	12/05/2013
Decision Date:	12/11/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/28/2015

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: Emergency 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:

This is a 54 year old female with a date of injury on 12-5-13. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedic complaints. Progress report dated 8-19-15 reports continued complaints of neck, mid, upper and lower back, bilateral shoulders, bilateral elbows, bilateral knees, and bilateral ankle pain. She also has complaints of pain and numbness in her bilateral wrists. She rates her pain 8 out of 10 and increase from 7 since the last visit. Objective findings: there is tenderness to palpation and restricted range of motion to all areas of complaint. Treatments include: medications, physical therapy, acupuncture and chiropractic. According to the medical records medications listed as of 6-22-15 include: naproxen, ibuprofen, genscan, somnific, atenolol, terracing lotions, flurbicreams, gabayclotam cream, Tramadol cream and percocet. Request for authorization was made for Fexmid 7.5 MG quantity 90, Theramine quantity 90 and Prilosec 20 mg quantity 60. Utilization review dated 10-6-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5MG #90: Upheld

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

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

Decision rationale: The requested Fexmid 7.5MG #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious that NSAID's and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain and numbness in her bilateral wrists. She rates her pain 8 out of 10 and increase from 7 since the last visit. Objective findings: there is tenderness to palpation and restricted range of motion to all areas of complaint. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Fexmid 7.5MG #90 is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food.

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) Chapter, Medical Food.

Decision rationale: The requested Theramine #90 is not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition is a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision. The injured worker has pain and numbness in her bilateral wrists. She rates her pain 8 out of 10 and increase from 7 since the last visit. Objective findings: there is tenderness to palpation and restricted range of motion to all areas of complaint. The treating physician has not documented any specific dietary diseases or conditions nor nutritional requirements. Requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Theramine #90 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The requested Prilosec 20mg #60 is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has pain and numbness in her bilateral wrists. She rates her pain 8 out of 10 and increase from 7 since the last visit. Objective findings: there is tenderness to palpation and restricted range of motion to all areas of complaint. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg #60 is not medically necessary.