

Case Number:	CM15-0059624		
Date Assigned:	04/06/2015	Date of Injury:	08/11/2001
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female, who sustained an industrial injury on 08/11/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic low back pain, status post lumbar four to sacral one fusion, fibromyalgia, numbness and tingling, insomnia from pain, and constipation from medication. Treatment to date has included exercise, acupuncture, and medication. In a progress note dated 03/05/2015 the treating physician reports muscle aches, spasm, radiating pain, numbness, insomnia, tingling, and constipation. The treating physician requested Guaifensen with the physician noting that this medication has been effective in the treatment of her fibromyalgia pain by allowing her to use her narcotic medication sparingly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Guaifensen 600mg #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/guaifenesin-nr.html>.

Decision rationale: Guaifensin 600mg #180 is not medically necessary per an online review of this medication. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG do not address this medication. The MTUS states that Guaifenesin is an expectorant, the action of which promotes or facilitates the removal of secretions from the respiratory tract. By increasing sputum volume and making sputum less viscous, guaifenesin facilitates expectoration of retained secretions. The documentation indicates that this medication has been effective in treating this patient's fibromyalgia pain. The MTUS and ODG guidelines as well as a review of this medication online do not offer support or evidence that Guaifensin is recommended for Fibromyalgia pain. This request is not medically necessary.