

Case Number:	CM14-0127473		
Date Assigned:	08/15/2014	Date of Injury:	01/14/2003
Decision Date:	11/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 56 year old male who was injured on 01/14/2003. He sustained a work related injury to his neck, bilateral wrists, hands, and shoulder. Prior treatment history has included Lortab, Flexeril, Effexor, Lunesta, and Tramadol. Diagnostic studies were reviewed. Progress Report dated 06/18/2014 documented the patient to have complaints of low back pain. He rated his pain as 4-5/10 with medication and without it his pain is 8-9/10. On exam, lumbar muscle tenderness bilaterally and lumbar spine range of motion revealed flexion at 43/60; extension 16/25; right lateral flexion 15/25; left lateral flexion 20/25; all producing pain. Straight leg raise was positive on the left side in the supine position. His elbow exam revealed tenderness over the medial elbow and posterior elbow. Tinel's sign produces tenderness. He is diagnosed with lumbar radiculopathy, GERD/upset stomach due to chronic use of medications. He was recommended for Zegerid for stomach upset and Linzess for constipation. Prior utilization review dated 07/22/2014 states the request for Linzess 145mcg; Zegerid; Xanax 0.5mg #90; Elbow brace is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/linzess.html>

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

Decision rationale: The guidelines recommend Linzess as a once-daily capsule for adults with Irritable Bowel Syndrome with Constipation (IBS-C). The medical records provided did not document any constipation or IBS. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Zegerid: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/zegerid.otc.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.zegerid.com/why-zegerid/>

Decision rationale: The CA MTUS recommends PPIs for GI complications due to medications. The medical records on RFA dated 06/18/2014 document the patient to have GERD/ Upset Stomach due to chronic use of medications. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Xanax 0.5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The CA MTUS does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and it limits its use to 4 weeks only. It recommends anti-depressants as a more appropriate treatment for anxiety. However, it was documented that the patient was on Effexor, but it didn't help his anxiety, and there is no documentation that the patient was ever on benzodiazepine before. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Elbow brace: 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), Integrated Treatment/Disability Duration Guidelines, Elbow (acute & chronic)

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

Decision rationale: The ODG recommends Elbow Splints for cubital tunnel syndrome (Ulnar nerve entrapment) and state that no definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. The medical records on the latest Progress Report dated June 18, 2014 document tenderness over the medial & posterior elbow and there was no documentation of any other findings to support the diagnosis of lateral epicondylitis. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Forearm brace: 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), Integrated Treatment/Disability Duration Guidelines, Elbow (acute & chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrists & Hands, Splints

Decision rationale: The ODG recommends Forearm Splints for treating displaced fractures. The medical records on the latest Progress Report dated June 18, 2014 did not document any physical findings except for slight tenderness over the forearm flexor muscles bilaterally. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.