

Case Number:	CM14-0218662		
Date Assigned:	01/08/2015	Date of Injury:	12/30/2013
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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 43 year old male who sustained a repetitive industrial injury reported on 12/30/2013. He has reported continuous bilateral wrist pain with parasthesias in the bilateral hands, and left inguinal pain. The peer review report notes an alleged injury date of 11/26/2012 - 11/26/2013 involving a wrist sprain. The diagnoses have included bilateral wrist sprain r/o CTS; and r/o left inguinal hernia. Treatments to date have included consultations; diagnostic imaging studies; upper extremity electromyography studies; and medication management. The injured worker was noted to have been released back to full duty work. On 12/15/2014 Utilization Review non-certified, for medical necessity, the request for Protonix 20mg #60, and modified, for medical necessity, the request for Fexmid 750mg, to a one month supply for recommended weaning due to the nature of this drug, noting the MTUS Guidelines, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with unrated bilateral wrist pain, remaining subjective complaints cannot be specified as the progress note is hand written, poorly scanned, and almost entirely illegible. Patient is status post bilateral carpal tunnel release at a date unspecified. The request is for PROTONIX 20MG #60. Physical examination findings dated 11/05/14 reveals positive Phalen's sign bilaterally, no other examination findings are legible. The patient's current medication regimen is not provided. Patient is currently working full time. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis."In regards to the request for Protonix, the treater has not provided a reason for the request. While PPI's are generally indicated in patient's who suffer from dyspepsia or those taking high-dose NSAIDs, there is no indication from the reports provided that this patient has upper GI complaints or is taking NSAIDs. Without a more comprehensive look at this patient's medications or a provided history of upper-GI complaints, the use of this medication cannot be substantiated. Therefore, this request IS NOT medically necessary.

Fexmid 750mg (quantity is not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with unrated bilateral wrist pain, remaining subjective complaints cannot be specified as the progress note is hand written, poorly scanned, and almost entirely illegible. Patient is status post bilateral carpal tunnel release at a date unspecified. The request is for FEXMID 750MG (QUANTITY IS NOT PROVIDED). Physical examination findings dated 11/05/14 reveals positive Phalen's sign bilaterally, no other examination findings are legible. The patient's current medication regimen is not provided. Diagnostic X ray of the right wrist dated 09/16/14 was provided with "Normal" findings in the examined aspects. EMG of the bilateral upper extremities was also included noting no evidence of radiculopathy in the upper extremities. Patient is currently working full time. MTUS Guidelines page 63 regarding muscle relaxants also states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Not recommended to be used for longer than 2 or 3 weeks."In regards to the request for Fexmid, which is a trade

name for the medication Cyclobenzaprine, the treater has not provided a reason for the request or indicated the duration of therapy. MTUS guidelines dictate that such medications are useful in resolving acute muscle spasm and tension during 2-3 week courses of therapy, though the request does not specify an amount of the medication to be dispensed or intention of short-term use. Therefore, this request IS NOT medically necessary.