MAXIMUS Federal Services

Case Number:	CM15-0040320		
Date Assigned:	04/02/2015	Date of Injury:	11/15/2011
Decision Date:	05/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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, Arizona
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 29-year-old female with a reported date of injury of 11/15/2011. The mechanism of injury was putting her hand in the machine to lift the produce out and the machine closed on her right arm tearing the skin. The patient was treated at the scene by paramedics; taken to the emergency room where she was examined; MRI and x-rays obtained; and she underwent right arm surgery. An attempt was made to save her fingers, but was unsuccessful. The injured worker has undergone extensive conservative care including medications, physical therapy, manual manipulation, injections, and extracorporeal shockwave treatment. Other forms of therapy have included rest, ice, and physical therapy massage. The injured worker's diagnosis included myofascial pain syndrome of the cervical spine. Her diagnostic studies included x-rays of the right wrist, right hand, and right elbow; diagnostic fluoroscopy of the cervical spine and right shoulder. Her medications included cyclobenzaprine, naproxen, and omeprazole. There are frequent urine drug screens; the most current on 03/12/2015, indicated nothing detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that 1 of the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids includes monitoring for the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation of inappropriate use of medications; urine drug screens indicate nothing detected. Therefore, the request for urinalysis for toxicology is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: California MTUS Guidelines state that Flexeril is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The request does not include dosing information. As the guidelines indicate the medication is not recommended for chronic use, the request for cyclobenzaprine 7.5 mg #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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last updated 01/19/2015.

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

Decision rationale: The request does not include strength, quantity, or dosing instructions. The Official Disability Guidelines state that medical food is not recommended for chronic pain as they have not been shown to produce meaning benefits or improvements in functional outcomes. The FDA defines medical food as a food which is formulated to be consumed or administered internally under the supervision of a physician in which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, or established by medical evaluation. Therefore, the request for Theramine #90 is not medically necessary.

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request does not include dosing instructions. The California MTUS guidelines state that nonsteroidal anti-inflammatories are recommended as an option for short term symptomatic relief of chronic low back pain. As this request is indicated to be a refill, the request for naproxen 550 mg is not recommended by the guidelines as the guidelines indicate that NSAIDs are only recommended for short term symptomatic relief. Therefore, the request for naproxen 550 mg #90 is not medically necessary.

Omperazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & cardiovascular risk, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20 mg does not include dosing instructions. The California MTUS Guidelines state that proton pump inhibitors are recommended with precautions. Initially, there should be a determination that the patient is at risk for a gastrointestinal event. The criteria for this includes an age of greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is a lack of documentation regarding the injured worker having a history of peptic ulcer, GI bleeding, perforation, concurrent use of aspirin, corticosteroids, anticoagulant, or high dose/multiple NSAIDs; therefore, the request for omeprazole 20 mg #60 is not medically necessary.

Sentra PM #60: 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last updated 01/19/2015.

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

Decision rationale: The request for Sentra PM #60 does not include any dosing information or medication strength. The Official Disability Guidelines state that medical food is not recommended for chronic pain as they have not been shown to produce meaning benefits or

improvements in functional outcomes. The FDA defines medical food as a food which is formulated to be consumed or administered internally under the supervision of a physician in which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, or established by medical evaluation. Therefore, the request for Sentra PM #60 is not medically necessary.

Sentra AM #60: 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last updated 01/19/2015.

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

Decision rationale: The request for Sentra AM #60 does not include any medication strength, nor does it include dosing instructions. The Official Disability Guidelines state that medical food is not recommended for chronic pain as they have not been shown to produce meaning benefits or improvements in functional outcomes. The FDA defines medical food as a food which is formulated to be consumed or administered internally under the supervision of a physician in which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, or established by medical evaluation. Therefore, the request for Sentra AM #60 is not medically necessary.

Gabadone #60: 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last updated 01/19/2015.

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

Decision rationale: The request for Gabadone #60 does not include any medication strength, nor does it include dosing instructions. The Official Disability Guidelines state that medical food is not recommended for chronic pain as they have not been shown to produce meaning benefits or improvements in functional outcomes. The FDA defines medical food as a food which is formulated to be consumed or administered internally under the supervision of a physician in which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, or established by medical evaluation. Therefore, the request for Gabadone #60 is not medically necessary.