

Case Number:	CM13-0035097		
Date Assigned:	12/13/2013	Date of Injury:	09/30/2011
Decision Date:	02/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 physician 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 33-year-old female who reported an injury on 09/30/2011. The mechanism of injury the patient was cleaning a bathtub and she slipped and her legs did the splits, and the patient experienced low back pain. The patient's diagnosis was noted to be sprain lumbar region and the request was made for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix -1 tab po daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) recommends Proton Pump Inhibitor (PPI's) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the patient had signs and symptoms of dyspepsia. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for Protonix 1 tablet by mouth daily #60 is not medically necessary.

Flexeril 7.5mg -1 tab po b.i.d. prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) recommends Cyclobenzaprine (Flexeril®) for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. There was a lack of documentation indicating the necessity for long-term use. Given the above, the request for Flexeril 7.5 mg 1 tab by mouth twice a day as needed #90 is not medically necessary.