

Case Number:	CM13-0039917		
Date Assigned:	12/20/2013	Date of Injury:	04/06/1998
Decision Date:	04/03/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal Medicine 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 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:

This is a 58 year old female who sustained an injury on 4/6/98. She most recently presented with lower back pain radiating to the bilateral lower extremities, and neck pain radiating to bilateral lower extremities. On examination she was observed to be in moderate distress, with analgesic, slow gait assisted with the use of a cane, range of motion of lumbar and cervical spine moderately reduced secondary to pain, and no motor or sensory changes. Diagnoses include lumbar radiculopathy, cervical radiculopathy, complex regional pain syndrome right and left upper extremity, myalgia/myositis, fibromyalgia, depression, anxiety, hypertension, diabetes mellitus, medication related dyspepsia, gastritis, and Vitamin D deficiency. Treatments have included medication and conservative modalities. The disputed issues are Cyclobenzaprine 7.5mg QHD muscle spasms, #30, Pantoprazole 20mg BID, #60, Senna/Docusate 50/8.6 BID, #60, Vitamin D 2000IU 2 caps QD, #100, and Cymbalta 60mg QD #30. A medical report dated 9/30/13 provided rationale for Cyclobenzaprine as a muscle relaxant prescribed for musculoskeletal pain, Pantoprazole 20mg BID to limit gastrointestinal adverse effects related to chronic (given her 4/6/98 DOI) medication use including NSAIDs, Senna/Docusate to reduce side effect of constipation resulting from chronic (given her 4/6/98 DOI) administration of pain medications, Vitamin D supplementation as the patient was found to have insufficient serum levels of vitamin D, and Cymbalta as the patient has had a limited response to other classes of antidepressants to treat her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Antispastic drugs Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). The medical reports submitted indicated that the patient had been using the Cyclobenzaprine since at least on 10/12. Due to the extent of the medicine over 6 months this condition is not recommended.

Pantoprazole 20mg #60.: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601246.html>

Decision rationale: The medical records provided for review indicate that the patient had medication induced dyspepsia and or gastritis. Pantoprazole is an H-2 pump inhibitor and is indicated for the treatment of the gastritis. Consequently, the request for Pantoprazole is medically necessary and appropriate.

Senna/Docusate 50/8.6 BID #60.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, <http://www.drugs.com/mtm/docusate-and-senna.html>

Decision rationale: The combination of docusate and senna is used to treat occasional constipation. Medical records provided for review indicated that the patient was taking opioids and the patient has experienced opioids induced constipation. Consequently, the request for Senna/Docusate 50/8.6 #60 is medically necessary and appropriate.