

Case Number:	CM13-0040488		
Date Assigned:	12/20/2013	Date of Injury:	08/20/2003
Decision Date:	08/19/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation and is licensed to practice in Alabama. 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 female who was injured on 08/20/2003. The mechanism of injury is unknown. Prior treatment history has included multiple lumbar epidural injections in the past with benefit. She has had physical therapy for her right knee but did not complete the last 2 sessions due to pain. A progress report dated 08/19/2013 states that the patient complained of right knee and low back pain. She reported flare up pain of her right anterior thigh and groin. She stated her medications help and increase her function, and she is tolerating them well without side effects. On exam, she has tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine revealed decreased flexion by 40%, decreased extension by 40% and decreased rotation by 30% bilaterally. Straight leg raise is positive on the right lower extremity at 50 degrees. Sensation is decreased as well in the right lower extremity versus the left lower extremity to light touch. Motor strength is decreased with right hip flexion. Deep tendon reflexes are absent but equal at the patella and 1+ and equal at the Achilles. She was prescribed Pantoprazole-Protonix 20 mg #60, and Cyclobenzaprine-Flexeril 7.5 mg#90; Hydrocodone/APAP, Trazodone 50 mg, Gabapentin 600 mg and Sentra PM. A progress report dated 08/27/2013 indicates the patient presented with complaints of low back pain radiating into the posterolateral aspect of the right lower extremity to the foot. She does have intermittent pain into the left leg but the right is more constant and severe. Objective findings did not reveal evidence pertaining to the patient's complaints. She is diagnosed with degeneration of the lumbosacral disc and lumbago. Prior utilization review dated 10/10/2013 states the requests for Cyclobenzaprine-Flexeril 7.5 #90 DOS: 8/19/2013 quantity 1.00 is modified to Cyclobenzaprine 7.5#30; and Pantoprazole-Protonix 20mg #60 DOS: 8/19/2013, is not certified as there is a lack of evidence to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE-FLEXRIL 7.5 #90 DOS 8/19/2013 QUANTITY 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle relaxants.

Decision rationale: ODG Guidelines state that muscle relaxants are recommended as an option in acute cases of moderate to severe low back pain, as well as for acute spasms. MTUS Guidelines state that Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better, and that treatment should be brief. In this case, there is consistent documentation that the patient has been on Cyclobenzaprine-Flexeril since 3/25/13 through at least the note from 8/27/13. This timeframe is beyond a short course of treatment. Therefore, based on the above guidelines and criteria, as well as the clinical documentation stated above, the request is not medically necessary.

PANTOPROZOLE-PROTONIX 20MG #60 DOS 8/19/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: The ODG and MTUS Guidelines advise to determine if the patient is at risk for gastrointestinal events: 1) age > 65 years 2) history of peptic ulcer, GI bleeding or perforation 3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4) high dose/multiple nonsteroidal anti-inflammatory drugs (NSAID). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: 1) a non-selective NSAID with either a PPI, or misoprostol. In this case, the patient is on multiple NSAIDS; Naproxen and aspirin Bayer; which puts her at intermediate risk for gastrointestinal events, which merits the use of PPI or misoprostol. Therefore, based on the above guidelines and criteria, as well as the clinical documentation stated above, the request is medically necessary.