

Case Number:	CM13-0047273		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2011
Decision Date:	04/10/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/01/2013

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 & Rehabilitation, 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 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:

This patient is a 63 year old female sustained a shoulder injury after transferring a patient from a bed to a commode on 2/16/11 while employed at [REDACTED]. Requests under consideration include Naproxen 550g #60 retrospective dispensed 9/24/13, Cyclobenzaprine 7.5mg #30 retrospective dispensed 9/24/13, and Pantoprazole 20mg #30 dispensed 9/24/13. Report of 9/24/13 from [REDACTED] noted patient complained of neck pain radiating into the right upper extremity. The patient is s/p right shoulder surgery a year prior with remaining limitation of activity such as reaching behind the back and any above shoulder level activity. Exam showed diffuse tenderness in the posterior cervical musculature; ROM is full in the cervical spine; and Right shoulder ROM is decreased in all range. Diagnoses include right cervical radiculopathy and s/p right shoulder arthroscopic subacromial decompression. Treatment plan include repeat cervical and right shoulder MRIs, neuro-diagnostic study of right upper extremity and referral to pain management [REDACTED] for cervical epidurals. Medications dispensed into Anaprox, Tramadol, Flexeril and Protonix. Requests were non-certified on 10/29/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 MG #60 RETROSPECTIVE DISPENSED 9/24/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised by the MTUS Chronic Pain Guidelines, as long term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 2011 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen as noted by the provider. Naproxen 550 mg #60 retrospective dispensed 9/24/13 is not medically necessary and appropriate.

CYCLOBENZAPRINE 7.5MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 128.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment. There is no report of acute flare-up or new injuries or demonstrated benefit from treatment already rendered. The Cyclobenzaprine 7.5mg #30 retrospective dispensed 9/24/13 is not medically necessary and appropriate.

PANTOPRAZOLE 20 MG #30 DISPENSED 9/24/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per the MTUS Chronic Pain Guidelines, the patient does not meet criteria for Pantoprazole, which is namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with Pantoprazole (Protonix). Pantoprazole 20mg #30 dispensed 9/24/13 is not medically necessary and appropriate.