

Case Number:	CM13-0049470		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2012
Decision Date:	08/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 28, 2012. Thus far, the applicant has been treated with the following treatments: analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, muscle relaxants, a lumbar support, and unspecified amounts of physical therapy. In a Utilization Review report dated October 9, 2013, the claims administrator retrospectively denied a request for Cyclobenzaprine and also retrospectively denied a request for Protonix. The applicant's attorney subsequently appealed. On September 30, 2013, it was stated that the applicant had persistent complaints of low back pain apparently resulting in a recent trip to the Emergency Department. The attending provider posited that ongoing medication use have been beneficial here. The applicant is asked to employ tramadol for pain relief. An authorization was sought for a lumbar decompression surgery. The applicant was asked to continue a lumbar support. The medications Naprosyn and Protonix were also endorsed. Protonix was apparently being endorsed for prophylactic purposes as opposed to actual symptoms of dyspepsia. The applicant's age was not stated on this occasion. In a drug test report dated August 19, 2013, it was suggested that the applicant was 34 years old as of that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 7.5mg 1 po tid prn #90 dos: 8/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Norco, tramadol, and Naprosyn. Adding Cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request was not medically necessary.

Retro Pantoprazole 20mg 1 po tid #90 dos: 8/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

Decision rationale: The attending provider stated that he intended to employ Pantoprazole or Protonix for prophylactic purposes. However, the applicant does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors such as Pantoprazole. Specifically, the applicant is not 65 years of age or greater and (age = 34 as of the date of the request), is not using multiple NSAIDs in conjunction with corticosteroids, and has no history of prior peptic ulcer disease or gastrointestinal bleeding. Therefore, the request for pantoprazole was not medically necessary.