

Case Number:	CM13-0051518		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2008
Decision Date:	04/02/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 male patient with a date of injury of January 14, 2008. A utilization review determination dated November 11, 2013 recommends noncertification of cyclobenzaprine and pantoprazole. A progress report dated October 15, 2013 indicates that the patient is scheduled for left knee arthroscopy. A progress report dated September 25, 2013 identifies subjective complaints of sharp pain in both knees rated as 7/10. Objective findings identify tenderness to bilateral knees and a report of an x-ray showing lateral tilt of the patella. Diagnoses include 836.0 and 719.46. Treatment plan recommends left knee arthroscopy on October 22, 2013. Additional requests include a cold therapy unit, interferential unit, postop brace, hydrocodone/acetaminophen, cyclobenzaprine 7.5 mg #60, diclofenac, and pantoprazole sodium ER 20 mg #62 prevent gastritis/heartburn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg, Qty-60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does appear that this medication will be used for the short-term treatment of an acute exacerbation of pain related to a surgical procedure. Additionally, it appears the cyclobenzaprine will be used as a 2nd line treatment option along with anti-inflammatory medication and a short acting opiate pain medication. The medication is being prescribed for a short duration, during the post surgical phase. Knee surgery can cause a significant myofascial pain and cramping/spasms, therefore the use of a muscle relaxant medication is reasonable. As such, the currently requested cyclobenzaprine 7.5 mg #60 is medically necessary.

Retrospective request for Pantoprazole Sodium ER 20mg, Qty-60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.