

Case Number:	CM13-0054434		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2006
Decision Date:	03/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/19/2013

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 Interventional Spine 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 44 year-old female who was injured on 9/15/06 when a light fixture fell and struck her on the neck and right upper extremity. She underwent right shoulder subacromial decompression, and Mumford on 3/9/07, which did not help her pain. Her current diagnoses includes: Pain in joint, shoulder; neck pain. She currently presents with intractable right shoulder pain, neck and right upper extremity pain. On 11/8/13, [REDACTED] notes there was decreased sensation to light touch in the right C6, C7 and C8 dermatomes. She had spasms in the paravertebral region and in the trapezius muscles bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-protonix 20mg, 60 count: Upheld

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 <http://www.drugs.com/pro/protonix.html>

Decision rationale: According to the 11/3/13 appeal, [REDACTED] states the patient was using Protonix for GERD and GI symptoms. The 7/31/13 report noted the Cymbalta was causing

stomach upset, gastritis and heartburn. The patient does not appear to be taking an oral NSAID but does use Flector patches. The MTUS guidelines pertaining to PPIs, deal mainly with the relationship to NSAIDs. The FDA indication for Protonix is GERD with history of erosive esophagitis. There is a history of GERD, but no mention of erosive esophagitis. The patient does not have any of the MTUS risk factors for GI events. The use of Protonix does not appear to be in accordance with the FDA indications, nor the MTUS guidelines.

Flexeril 10mg, 45 count, w/ 3 refills: Upheld

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

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

Decision rationale: The 11/8/13 appeal letter from [REDACTED] states he is aware that MTUS recommends Flexeril for short-term use only. He states that the patient only uses it at times of flare-ups, and not on a regular basis. The 11/20/13 report states she takes Flexeril 10mg \hat{A} ½ q8 hours as needed for spasm, #45. This is a 30-day supply at that frequency, and the request was with 3-refills. This appears to be a daily treatment schedule and not on an "as-needed" basis, and it exceeds the MTUS recommendations of not using cyclobenzaprine over 3 weeks.

Cymbalta 60mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: The patient presents with neck pain and pain down the right upper extremity. On recent examination, there was decreased sensation to light touch over the right C6, C7, and C8 dermatomes. The patient has chronic pain with a neuropathic component. MTUS for antidepressants states: "Recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain". The use of Cymbalta for chronic pain, neuropathic or non-neuropathic pain, appears to be in accordance with MTUS guidelines.