

Case Number:	CM13-0054890		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2011
Decision Date:	05/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 Internal Medicine and Pulmonary Disease 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 injured worker is a 53-year-old female who reported an injury on 02/09/2011. The mechanism of injury was not provided. Current diagnoses include right elbow neuropathy, right cubital tunnel syndrome, right carpal tunnel syndrome, left trigger thumb, cervical myofascial pain with intervertebral disc disease, lumbar radiculopathy, and status post right and left shoulder surgery. The injured worker was evaluated on 12/06/2013. The injured worker reported 5/10 pain. Physical examination revealed hypertonicity of the cervical and lumbar spine, restricted lumbar range of motion, tenderness in bilateral shoulders, diminished range of motion of the right shoulder, tenderness at the right medial cubital tunnel, and tenderness over the left thumb with crepitus. Treatment recommendations included continuation of current medication

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USAGE OF PROTONIX 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is non-certified.

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Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is non-certified.

PROSPECTIVE USAGE OF CYCLOBENZAPRINE 7.5MG #90: 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): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the injured worker has utilized cyclobenzaprine 7.5 mg since 07/2013. There is no evidence of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long-term use of this medication the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.