

Case Number:	CM14-0100289		
Date Assigned:	09/16/2014	Date of Injury:	03/17/2003
Decision Date:	11/05/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Diseases 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 55-year-old male who reported an injury on 03/17/2013. The mechanism of injury was not indicated. The injured worker had diagnoses including medial meniscus tear and lumbar disc displacement. Prior treatment included physical therapy and Supartz injections. Diagnostic studies include an MRI of the right knee and x-ray of the right knee. Surgical history was not provided in the medical records. The injured worker complained of right and left knee pain. The clinical note dated 07/16/2014 reported the injured worker had limited range of motion in the bilateral knees. There was a positive straight leg raise test and motor strength appeared adequate in the lower extremities. Medications included cyclobenzaprine, tramadol, hydrocodone, pantoprazole, and gabapentin. The treatment plan included a request for cyclobenzaprine 7.5 mg #120 and a request for pantoprazole tablets 20 mg (Protonix) #90. The rationale for the request was not provided within the documentation. The Request for Authorization was not provided in the medical record documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The request for Cyclobenzaprine 7.5mg, #120 is not medically necessary. The injured worker complained of right and left knee pain. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP (low back pain) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation indicating the injured worker has significant muscle spasms upon physical examination. Per the provided documentation, the injured worker has been prescribed cyclobenzaprine since at least 01/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.

Pantoprazole (Protonix) 20mg, #90: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Pantoprazole 20mg, #90 is not medically necessary. The California MTUS Chronic Pain Guidelines state proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The guidelines note patients at risk for gastrointestinal events include patients over 65 years of age, patients with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, there was no documentation indicating that he had complaints of dyspepsia. There was no evidence of a history of peptic ulcer, gastrointestinal bleeding, or perforation. There is a lack of documentation demonstrating that the injured worker had improvement of any symptoms with the medication. In the absence of this documentation, the request is not supported. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Pantoprazole 20mg, #90 is not medically necessary.