

Case Number:	CM14-0107565		
Date Assigned:	08/01/2014	Date of Injury:	09/11/2011
Decision Date:	09/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 who suffered a work related injury on 09/11/2011. The mechanism of injury is not documented. Most recent clinical documentation submitted for review is dated 05/09/2014. The injured worker currently complains of cervical spine, bilateral shoulder and lumbar spine pain which she rates at 5/10. The injured worker notes that the pain has remained unchanged since her last visit. The injured worker describes lumbar spine pain as having occasional numbness and tingling sensation to the bilateral legs and feet. The injured worker also describes cervical spine pain as radiating to the bilateral shoulders, bilateral elbows, numbness and tingling sensation to the bilateral arms and hands. The injured worker denies having had any procedures done to alleviate her pain. The injured worker has been taking her medications regularly and tolerates them well. Furthermore, she states that her medications are helping with her pain. The injured worker admits to having had an magnetic resonance image of the lumbar spine. The injured worker denies having seen a physician, as well as having any changes to her medical history as documented in the last appointment. Review of systems indicates gastrointestinal system review revealed no history of peptic ulcer disease, diarrhea, constipation or irritable bowel syndrome. Musculoskeletal system is positive for neck and bilateral shoulder pain. Physical examination notes that gait is grossly within normal limits. Heel toe walk is performed without difficulty. Cervical spine exam notes anterior head carriage and abnormal lordosis. There is tenderness in the paraspinal muscles, bilateral trapezius and median nerve, right greater than left, as well as spasm in the trapezius and paravertebral muscles. Cervical spine range of motion notes flexion is 20 degrees, extension 50 degrees, lateral flexion to the right is 20 degrees and to the left is 30 degrees. Lateral rotation to the right is 60 degrees and 65 degrees to the left. There is pain with bilateral lateral flexion and bilateral rotation. There is pain with abduction and flexion of the right shoulder. Positive impingement sign on the

right and positive supraspinatus test on the right. Positive Tinel's and Phalen are on the right and left wrist. There is decreased sensation along the C7 dermatomes bilaterally and the median nerve right greater than left. Strength is rated 5/5 in all major muscle groups in the upper extremities with the exception of shoulder abductor on the right which is 4/5. Reflexes are 2+ in the upper extremities. There is moderate tenderness to palpation over the lumbar paraspinal muscles. There is moderate facet tenderness to palpation at the L4-S1. Straight leg raising is positive bilaterally. There is decreased sensation along the L4 dermatomes bilaterally. Diagnoses are cervical spine disc syndrome, right shoulder sprain/strain, bilateral wrist tendinitis, bilateral carpal tunnel syndrome, left greater than right, low back pain, lumbar radiculopathy. Prior utilization review on 06/17/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg 1 PO TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 41.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Protonix 20mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI

bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.