

Case Number:	CM14-0010978		
Date Assigned:	02/21/2014	Date of Injury:	01/27/2010
Decision Date:	08/06/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 70 year old man who sustained a work-related injury 4 years ago. As a result of that injury, he has been diagnosed with cervicalgia, cervical spinal stenosis, neck pain, disorders of the sacrum, and sciatica. He has gotten both a lumbar and cervical MRI which showed the extent of his injuries. He has an epidural steroid injections in the past. His current medications for pain control include Butrans patch, Norco, trazodone, norco, and flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pantoprazole - Protonix 20mg #60 (ms), Refill 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton pump inhibitors like Protonix are used to protect the GI system when there is chance for GI bleeding due to taking NSAIDs or similar pain medications. In this case, there is no documented evidence in the medical record of any GI irritation or risk of a GI event such as history of peptic ulcer, GI bleeding or perforation. The guidelines referenced above give

clear indications for the use of proton pump inhibitors as a preventive measure. Therefore, Protonix 20 mg #60 is not medically necessary.

Retro: Cyclobenzaprine-Flexeril 7.5mg #90ms, Refill: 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42, 60-61.

Decision rationale: MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks" and is for "Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions" The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or diagnosis of acute spasm. The request for Flexeril 10mg #90 with five refills exceeds the recommended 'short term' treatment course of 2-3 weeks. As such, the request for Flexeril 10mg quantity 90 with five refills is not medically necessary.

Retro Hydrocodonebit/apap 10/325mg #30ms, Refill 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The MTUS does not recommend the use of opioids and opioids are not first line medications for musculoskeletal pain. Opioids have significant side effects and should only be considered for a very short course of treatment according to the MTUS. This employee has been taking norco since fall of 2013 on a daily basis. Therefore, Hydrocodonebit/apap 10/325mg #30ms, Refill 2 is not medically necessary.

