

Case Number:	CM14-0115521		
Date Assigned:	08/04/2014	Date of Injury:	06/03/2009
Decision Date:	09/25/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 42-year-old man sustained a work-related injury on June 23, 2009. Subsequently he developed with chronic back pain. According to a progress report dated on May 14, 2014, the patient reported to persistent low back pain and bilateral shoulder pain. The shoulder pain started during the last week of April 2014. The patient pain was described as sharp and worsened with movement. His physical examination demonstrated the left shoulder and MS with spasm and limitation of range of motion. His MR arthrogram of the right shoulder performed on July 8, 2011 demonstrated acromial clavicular joint degeneration with slight distortion of the supraspinatus tendon. The patient was diagnosed with the lumbar facet pain, possible lumbar radiculopathy, bilateral sacroiliitis and right shoulder/rotator cuff tendinitis. The patient was treated with the ibuprofen, cyclobenzaprine, venlafaxine, and pantoprazole. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 30 Tablets of Cyclobenzaprine 7.5mg with 3 Refills between 7/3/2014 and 8/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. Although the patient was documented to have spasms in the cervical spine, there is no documentation of the efficacy of previous use of Cyclobenzaprine. The latter drug was prescribed for more than 3 weeks. Therefore, the request for Cyclobenzaprine 7.5mg with 3 refills is not medically necessary.

Prospective request for 60 Tablets of Ibuprofen 600mg with 3 Refills between 7/3/2014 and 8/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonsteroidal anti-inflammatory drug (NSAIDS) Page(s): 67, 68-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation about the duration of the prescription of Ibuprofen and the rationale behind that. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic back pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. Therefore, the prescription of Ibuprofen 600 mg is not medically necessary.

Prospective request for 30 Tablets of Pantoprazole 20mg with 3 Refills between 7/3/2014 and 8/17/2014: 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 NSAIDS, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple

NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of 30 Tablets of Pantoprazsole 20mg with 3 Refills between 7/3/2014 and 8/17/2014 is not medically necessary.