

Case Number:	CM14-0158005		
Date Assigned:	10/01/2014	Date of Injury:	02/18/2010
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in Utah. 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:

This case involves a 59 year-old male who sustained an injury on 2/18/2010. The mechanism of injury was a fall from a roller chair. The patient has been diagnosed with spondylosis and lumbar stenosis and bilateral lower extremity radiculopathy. The patient's treatments have included medications. The physical exam findings dated 9/3/14, state he ambulated with an antalgic gait, is obese, has a flattened lumbar lordosis, as well as can only forward flex around 20 degrees. The straight leg raise causes low back pain, and reflexes are noted as 1+ and equal at the patella and Achilles. The patient's medications have included, but are not limited to, Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 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 CYCLOBENZAPRINE Page(s): 41-42.

Decision rationale: Per the MTUS guidelines, Cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical

documents, the Cyclobenzaprine requested is not being used for short term therapy. The clinical documents lack clear evidence of muscle spasm that would require a muscle relaxant at this time. Following guidelines as listed above, there is no indication for the use of Cyclobenzaprine. Therefore, this request is not medically necessary.

Pantoprazole-Protonix 20mg #60: 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): 67-69.

Decision rationale: According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal (GI) symptoms that would warrant the usage of this medication. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (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). The use of Protonix, as stated in the above request, is not medical necessity.

Topiramate-Topamax 25mg #60: 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 ANTIEPILEPSY DRUGS (AEDS) Page(s): 16-20.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. MTUS guidelines state this medication is indicated for neuropathic pain when other anticonvulsants fail. The clinical documents state the patient is using Gabapentin, with no documentation of therapeutic failure. According to the clinical documentation provided and current MTUS guidelines, this request is not medically necessary.