

Case Number:	CM14-0159250		
Date Assigned:	10/02/2014	Date of Injury:	02/17/2010
Decision Date:	10/29/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/29/2014

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 Management, 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:

According to the records made available for review, this is a 41-year-old male with a 2/17/10 date of injury. At the time (8/27/14) of Decision for Protonix (Pantoprazole) 20mg, QTY: 60 and Fexmid (Cyclobenzaprine) 7.5mg, QTY: 90, there is documentation of subjective (constantly moderate to severe left shoulder pain, neck pain, and lumbar spine pain) and objective (restricted range of motion of the cervical spine and tenderness to palpitation over the cervical paraspinal muscle and spasm) findings, current diagnoses (cervical disc protrusion, left shoulder impingement, and status post left shoulder surgery), and treatment to date (physical therapy, trigger point injections and medications (including ongoing treatment with Anaprox)). Regarding Protonix (Pantoprazole), there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID) and that Pantoprazole being used as a second-line therapy. Regarding Fexmid (Cyclobenzaprine), there is no documentation of acute muscle spasms or exacerbation of chronic low back pain, and Cyclobenzaprine used as a second line option for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix (Pantoprazole) 20mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton Pump Inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, Corticosteroids, and/or an Anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of cervical disc protrusion, left shoulder impingement, and status post left shoulder surgery. However, despite documentation of ongoing treatment with Anaprox, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). In addition, there is no documentation that Pantoprazole is being used as a second-line therapy. Therefore, based on guidelines and a review of the evidence, the request for Protonix (Pantoprazole) 20mg, QTY: 60 is not medically necessary.

Fexmid (Cyclobenzaprine) 7.5mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (For Pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that 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. Within the medical information available for review, there is documentation of diagnoses cervical disc protrusion, left shoulder impingement, and status post left shoulder surgery. However, despite documentation of muscle spasms, and given documentation of a 2/17/10 date of injury, there is no (clear) documentation of acute muscle spasms or exacerbation of chronic low back pain. In addition, there is no documentation of Cyclobenzaprine used as a second line treatment. Furthermore, given a documentation of a request for Cyclobenzaprine QTY: 90, there is no (clear) documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Fexmid (Cyclobenzaprine) 7.5mg, QTY: 90 are not medically necessary.

