

Case Number:	CM14-0168221		
Date Assigned:	10/15/2014	Date of Injury:	08/30/2011
Decision Date:	11/19/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, shoulder, and low back pain reportedly associated with an industrial injury of August 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; muscle relaxants; earlier elbow surgery in 2008; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated October 1, 2014, the claims administrator approved a request for Naprosyn, denied a request for Fexmid, approved a request for tramadol, and denied a request for Protonix. The claims administrator employed non-MTUS ODG Guidelines and denied Protonix. Overall rationale was quite sparse. The applicant's attorney subsequently appealed. In a September 24, 2014, progress note, the applicant reported 4/10 pain with medication versus 7/10 pain without medication. The applicant suggested that he was having some GI symptoms associated with medication consumption. It was noted that the applicant had apparently returned to work. The applicant was given prescriptions for Naprosyn, Fexmid, Ultram, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid - Cyclobenzaprine 7.5mg, #60, DOS: 09/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 64.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Fexmid) to other agents is not recommended. In this case, the applicant was, in fact, using a variety of other agents, including Ultram, Naprosyn, etc. Adding Fexmid (cyclobenzaprine) to the mix was not indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Protonix - Pantoprazole 20mg, #60, DOS: 09/24/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider did note, albeit somewhat obliquely, that the applicant was having issues with GI symptoms, including dyspepsia, generated by medication usage on the September 24, 2014, progress note, referenced above. Introduction and/or ongoing usage of Protonix was indicated to combat the same. Therefore, the request was medically necessary.