

Case Number:	CM14-0183372		
Date Assigned:	11/10/2014	Date of Injury:	08/19/2010
Decision Date:	12/26/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/05/2014

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:

Patient is a 53 year-old female with date of injury 08/19/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/03/2014, lists subjective complaints as pain in the low back with radicular symptoms to the lower right extremity. Objective findings: Examination of the lumbosacral spine revealed tenderness to palpation and slight to moderate spasms of the paralumbar muscles, right greater than left. Range of motion was limited in all planes. Straight leg raising test was positive on the right in a sitting position at 60 degrees producing right posterior thigh and calf pain. The left side was negative. Lasegue's test was negative bilaterally. Palpation showed tenderness of the lateral hip and right groin area and anterior hip. Range of motion of the right hip was 80% of normal. Diagnosis: 1. Right greater than left lumbar radiculopathy 2. Right hip strain 3. Secondary depression due to chronic pain 4. GERD. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months. Medications: 1. Pantoprazole DL 20mg, #60 SIG: 1-2 tabs QD, 2. Promolaxin 100mg, #90 SIG: 1-3 tab PRN, 3. Flexeril 10mg, #60 SIG: 1 tab BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Pantoprazole DL 20mg 1-2 tablets QD for Stomach Upset #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Refill Pantoprazole DL 20mg 1-2 tablets QD for Stomach Upset #60 is not medically necessary.

Promolaxin 100mg 1-3 tablets each evening PRN for Constipation #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) §§9792.20 - 9792.26, Page 77

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. Patient is currently on a narcotic regimen of Norco 10/325 q.i.d. p.r.n. I am reversing the previous utilization review decision. Promolaxin 100mg 1-3 tablets each evening PRN for Constipation #90 is medically necessary.

Refill Flexeril 10mg 1 tablet BID for Muscle Spasm #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine (Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for at least 4 months, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine is not medically necessary. Refill Flexeril 10mg 1 tablet BID for Muscle Spasm #60 is not medically necessary.