

Case Number:	CM14-0020904		
Date Assigned:	04/30/2014	Date of Injury:	06/22/2007
Decision Date:	08/06/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal 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:

This is a case of a 37 year old male with a date of injury of 6/22/2007. The patient had injured his left shoulder while at work trying to lift a heavy wind beam weighing between 100-200 pounds. As he lifted it, he experienced pain in his left shoulder. Initial medical therapy did not improve his symptoms much, then in July 2007 he underwent left shoulder surgery. Post operatively, his pain waxed and waned and physical therapy was attempted. Another MRI was performed in 2010, after which he underwent additional left shoulder surgery. He did not receive much benefit from his second shoulder surgery. He also tried cortisone injections which did not improve his symptoms much. Throughout this time, he has been on various medications including Naproxen Flexeril and Soma. The patient has had multiple follow up visits with the treating physician on 1/3/2014, 2/6/2014 and 3/14/2014 where he persistently reports 7/10 left shoulder pain and has been tolerating his medications well without side effects. An MRI of the left shoulder without contrast from 1/29/2014 revealed findings of status post acromioplasty, the rotator cuff is normal in appearance, and there is no longer a demonstration of a supraspinatus interstitial partial tear, otherwise a normal MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF PANTOPRAZOLE SODIUM 20MG, #60 DOS:
1/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 68-69.

Decision rationale: Based on the MTUS guidelines, patients who are at risk for gastrointestinal events include, patients who are older than 65 years of age, patients with a history of peptic ulcer, GI bleeding or perforation, patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In patients with no risk factors and no cardiovascular disease, a non-selective NSAID is okay, such as naproxen. In patients with intermediate risk factors for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor (PPI) (such as pantoprazole sodium), or misoprostol, or a Cox-2 selective agent would be appropriate. Long term use (> 1 year) of PPIs has been shown to increase risk of hip fracture. In patients at high risk for GI events with no cardiovascular disease, it is recommended to use a Cox-2 selective agent plus a proton pump inhibitor. In this case, the patient is a 37 year old male without any documented history of peptic ulcer disease, gastrointestinal bleeding or perforation, and does not take high dose multiple NSAIDs. Therefore, this puts him in a low risk category and the use of a non-selective NSAID alone is appropriate. Based on the MTUS guidelines and the evidence in this case, the request for Pantoprazole Sodium 20 mg #60 is not medically necessary.

RETROSPECTIVE PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG, #60 DOS:
1/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 41-42.

Decision rationale: Based on the MTUS guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, and suggestion that shorter courses may be better. The treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, the patient has been on either Soma or Cyclobenzaprine for at least several months which far exceeds the recommendations of a short course. Based on the MTUS guidelines and the evidence in this case, the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.