

Case Number:	CM14-0021251		
Date Assigned:	05/07/2014	Date of Injury:	01/21/2003
Decision Date:	08/04/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The patient is a 59-year-old female who has submitted a claim for cervical joint arthropathy, lumbar facet joint arthropathy, chronic neck pain, chronic low back pain, and thoracic back pain, all associated with an industrial injury date of 1/21/03. Medical records from 2013 to 2014 were reviewed, which showed that the patient complained of neck pain radiating to the right shoulder, and back pain. Physical examination showed tenderness over the right cervical, and lumbar paraspinal muscles. Range of motion was limited by pain. Nerve root tension signs and provocative maneuvers were negative bilaterally. Deep tendon reflexes were +1 in all limbs. Motor and sensory testing was normal. Treatment to date has included medications, physical therapy, and TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #60: Upheld

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

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

Decision rationale: Pantoprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 68-69 of the California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals who are using multiple NSAIDs, high dose NSAIDs, NSAIDs in conjunction with corticosteroids and/or anticoagulants; who are greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient has been prescribed ibuprofen since at least September 2013, and has been previously prescribed Protonix for reflux symptoms. However, the most recent progress reports do not show that patient has gastrointestinal symptoms. Moreover, the medical records submitted for review did not show that the patient is at risk for a MTUS-defined gastrointestinal event. Therefore, the request is not medically necessary.

TRAMADOL ER 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-34, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Tramadol since at least September 2013. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-66.

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated on page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Flexeril since at least September 2013. The medical records submitted for review do not show objective evidence of functional benefits of Flexeril use. Furthermore, long-term use of Flexeril is not recommended. Therefore, the request is not medically necessary.

