

Case Number:	CM14-0026794		
Date Assigned:	06/13/2014	Date of Injury:	03/11/2011
Decision Date:	07/18/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Minnesota. 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 injured worker is a 45-year-old female with a reported injury on 03/11/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 05/29/2014 reported that the injured worker complained of neck and right shoulder pain. The physical examination of the injured worker's cervical spine revealed a limited range of motion with flexion demonstrated to 30 degrees and extension to 30 degrees. On physical examination of the injured worker's right shoulder it revealed a limited range of motion with flexion to 120 degrees limited by pain and abduction limited to 100 degrees. The injured worker's prescribed medication list included cyclobenzaprine, pantoprazole, quazepam, Anaprox DS, menthoder gel, and Vicodin. The injured worker's diagnoses included pain in joint of shoulders; cervicalgia; and sprains and strains of neck. The provider requested cyclobenzaprine, pantoprazole, and quazepam; the rationale for the medications was not provided within the clinical notes. The request for authorization form was submitted on 03/05/2014. The injured worker's prior treatments included cortisone injections to her right shoulder with an improvement in range of motion and pain, the date and amount of injections were not provided within the clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 7.5MG QTY: 60.00: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine HCL 7.5 mg quantity: 60 are not medically necessary. The injured worker complained of neck and right shoulder pain. The treating physician's rationale for Cyclobenzaprine was not provided within the clinical notes. The California MTUS Guidelines recommend Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of Cyclobenzaprine as evidenced by decreased pain, decreased muscle spasms, and significant objective functional improvements. There is a lack of clinical information provided indicating how long the injured worker has used Cyclobenzaprine; the Guidelines recommend Cyclobenzaprine as a short course therapy. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary.

PANTOPRAZOLE SODIUM 20MG QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for pantoprazole sodium 20 mg quantity: 60 are not medical necessary. The injured worker complained of neck and right shoulder pain. The treating physician's rationale for Pantoprazole was not provided within the clinical notes. The California MTUS Guidelines recommend the use of proton-pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. It is noted that the treating physician documented that injured worker has had more issues with heartburn, indigestion, and bloating since not being able to take Protonix; however, there is a lack of clinical information indicating the rationale on why the injured worker has stopped Protonix. There is a lack of clinical information provided indicating the injured worker has gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton-pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Pantoprazole; the Guidelines identify increased risk of hip fracture with the long term usage of proton-pump inhibitors. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medical necessary.

QUAZEPAM 15MG QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ODG (Official Disability Guidelines), Treatment in Worker's Compensation, Work Loss Data Institute, 5Th Edition, 2007 or current year, Pain (Chronic), Benzodiazepines. Quazepam Doral.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Quazepam 15 mg quantity: 30 are not medically necessary. The injured worker complained of neck and right shoulder pain. The treating physician's rationale for Quazepam was not provided within the clinical notes. The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most Guidelines limit use to 4 weeks. It is noted that the injured worker was prescribed Quazepam 15 mg to take 1 tablet at bedtime. There is a lack of clinical information provided documenting the efficacy of quazepam as evidenced by decreased insomnia and increased sleep hygiene with significant objective functional improvements. Moreover, there is a lack of clinical information indicating the injured worker's duration on Quazepam; the Guidelines do not recommend long term utilization of benzodiazepine medications. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.