

Case Number:	CM14-0033305		
Date Assigned:	06/20/2014	Date of Injury:	03/13/2006
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Rehabilitation 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 58 year-old patient sustained an injury on 3/13/06 from a slip and fall of eight feet while employed by [REDACTED]. Request(s) under consideration include Retrospective request for 60 Tablets of Pantoprazole 20mg and Retrospective request for 90 Tablets of Cyclobenzaprine 7.5mg between 2/10/2014 and 2/10/2014. Diagnoses include lumbar radiculopathy postlaminectomy syndrome, peripheral neuropathy, and anxiety. The patient is status post L4-5 and L5-S1 discectomy and fusion on 4/29/08 with subsequent removal of hardware on 4/14/10. Conservative care has included physical therapy, medications, injections of SI joint/ Facets/ LESI (Lumbar epidural steroid injections), psychotherapy, and failed spinal cord stimulator trial. Pain is persistent and rated at 7/10 without medications and 2/10 with meds. Exam showed lumbar tenderness of spinous processes; decreased sensation of right L5 and S1 dermatomes, decreased strength diffusely at distal right lower extremity. Medications list Nucynta, Clonazepam, Gabapentin, Cyclobenzaprin, and Pantoprazole. Request(s) for Retrospective request for 60 Tablets of Pantoprazole 20mg and Retrospective request for 90 Tablets of Cyclobenzaprine 7.5mg between 2/10/2014 and 2/10/2014 were non-certified on 2/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 60 Tablets of Pantoprazole 20mg between 2/10/2014 and 2/10/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Online Edition; Chapter Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines Section on NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Pantoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective request for 60 Tablets of Pantoprazole 20mg between 2/10/2014 and 2/10/2014 is not medically necessary and appropriate.

Retrospective request for 90 Tablets of Cyclobenzaprine 7.5mg between 2/10/2014 and 2/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2006. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains TTD. The Retrospective request for 90 Tablets of Cyclobenzaprine 7.5mg between 2/10/2014 and 2/10/2014 is not medically necessary and appropriate.