

<b>Case Number:</b>	CM14-0037690		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Nevada. 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 records, presented for review, indicate that this 64-year-old female was reportedly injured on February 23, 2011. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated no atrophy or swelling of the right shoulder. There were tenderness at the rotator cuff region and weakness with motion. Range of motion was limited to 120 of flexion to 90 of abduction and 60 of internal and external rotations. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy and oral medications. A request had been made for Flexeril, Protonix, Anaprox, and Ultram ER and was not certified in the pre-authorization process on March 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. Additionally, prescription for 90 tablets with three refills does not indicate short-term episodic usage. For these reasons, this request for Flexeril is not medically necessary.

**Protonix 20mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Protonix (pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAIDs with documented GI distress symptom. As the request for Anaprox has been determined not to be medically necessary, this request is also not medically necessary.

**Anaprox 550 m #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the lowest possible dose of anti-inflammatory medications for the shortest period of time should be used consistent with the injured employee's treatment goals. This request is for the highest dosage of Anaprox and includes three refills. As such, this request for Anaprox is not medically necessary.

**Ultram ER 150mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** The California MTUS guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.