

Case Number:	CM14-0043713		
Date Assigned:	07/02/2014	Date of Injury:	06/10/2011
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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:

The injured worker is a 37-year-old male who reported an injury on 06/11/2011. The mechanism of injury was not specifically stated. Current diagnoses include ruptured thoracic aneurysm, ruptured aortic aneurysm, shoulder impingement, anxiety, depression, adhesive capsulitis, abnormal posture, and open fracture of the neck of the humerus. The latest physician progress report submitted for this review is documented on 06/24/2014. The injured worker presented with complaints of 8/10 left shoulder pain. The current medication regimen includes Relafen 750 mg, Zyrtec 10 mg, Norco 10/325 mg, and Flexeril 7.5 mg. Physical examination on that dated revealed limited left shoulder range of motion, moderate AC joint tenderness, and weakness on shoulder abduction. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should be not be used for longer than 2 to 3 weeks. The injured worker has utilized this medication since 07/2013 without any evidence of objective functional improvement. There is also no documentation of palpable muscle spasm or spasticity upon physical examination. As such, the request is not medically necessary.

Cetirizine 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 24 July 2014.

Decision rationale: According to the US National Library of Medicine, Certirizine is used to temporarily relieve symptoms of hay fever and allergy to other substances. The injured worker does not maintain either of the above-mentioned diagnoses. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request is non-certified.

Pantoprazole 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is not medically necessary.