

Case Number:	CM14-0056872		
Date Assigned:	09/03/2014	Date of Injury:	09/02/2001
Decision Date:	10/02/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 65-year-old male who reported injury on 09/02/2001. The mechanism of injury was not provided. On 06/12/2014 the injured worker presented with left upper extremity pain secondary to complex regional pain syndrome. Current medications included Elavil amitriptyline, naproxen Anaprox, pantoprazole Protonix, Hydrocodone/APAP, Flexeril, Ambien, Ativan, and Prozac. The diagnoses were dystrophy reflex sympathetic upper limb. Upon examination the injured worker kept the left upper extremity covered with his sleeve with limited mobility and there was significant apprehension with palpation. Provider recommended Protonix and Flexeril. The provider's rational was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: According to the California MTUS Guidelines Protonix may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who were at moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker had a diagnosis concurrent with the guideline recommendation for Protonix. Additionally, the efficacy of the medication has not been provided. The provider did not indicate the frequency of the medication in the request as submitted. As such, the request for Protonix 20 mg, quantity 240 not medically necessary.

Flexeril 5mg, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 41, 64.

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

Decision rationale: The California MTUS recommend Flexeril as an option for course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request as listed exceeds the guideline recommendations for short-term therapy. The provided medical records lack documentation of significant objective functional improvement with the use of the medication. The provider's rationale for the request was not provided. Additionally, the frequency of the medication was not provided in the request as submitted. As such, the request for Flexeril 5 mg, quantity 180 is not medically necessary and appropriate.