

Case Number:	CM14-0056939		
Date Assigned:	07/09/2014	Date of Injury:	10/21/1999
Decision Date:	08/11/2014	UR Denial Date:	04/14/2014
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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas, Florida. 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 patient is a 64 year old male who was injured on 10/21/1999. The diagnoses are left knee and low back pain. In March 2014, the patient completed functional restoration program and then continued on Home Exercise program,. He reported improvement in symptoms and ADL. The medications are Gabapentin, Naproxen and Tramadol for pain, Cyclobenzaprine for muscle spasm, Capsaicin cream for pain and Pantoprazole for the prevention of opioid induced gastritis. On 3/28/2014, [REDACTED] noted subjective complaints of low back pain radiating to lower extremities associated with numbness and tingling sensations. A Utilization Review determination was rendered on 4/14/2014 recommending non certification of Capsaicin cream 0.075% #2, Pantoprazole 20mg BID #60 and Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 0.075% #2: 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 9792.24.2
Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and small joints osteoarthritis pain. Topical analgesics preparations can be utilized when trials of anticonvulsant and antidepressants are ineffective, cannot be tolerated or have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The record indicate that the patient is currently utilizing first line medications such as Gabapentin and Naproxen. The criteria for the use of Capsaicin cream 0.075% #2 is not medically necessary.

Pantoprazole 20 mg ont tablet PO BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71.

Decision rationale: The CA MTUS addressed the use of proton pump inhibitors for the prevention and treatment of NSAIDs induced gastrointestinal complications. The incidence of these complications is increased in elderly patients with a history of gastrointestinal disease. The record indicates that the patient is 64 year old and has been on chronic treatment with naproxen for many years. There is documented beneficial effects and increase in ADL with the use of medications. The criteria for the use of Pantoprazole 20mg BID #60 is medically necessary.

Cyclobenzaprine 7.5 mg one tablet PO every eight hours PO #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that the use of muscle relaxants be limited to less than 4 weeks to decrease the incidence of sedation, dependency and addiction. The efficacy of muscle relaxants decrease over time. The record indicate that the patient had been utilizing Cyclobenzaprine for many years. The patient is also utilizing other sedating medications. The criteria for the use of Cyclobenzaprine 7.5mg po 8hrs #90 is not medically necessary.