

Case Number:	CM14-0088314		
Date Assigned:	07/21/2014	Date of Injury:	07/11/2013
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Occupational Medicine 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 patient is a 60-year-old female who has submitted a claim for Pain in joint, lower leg associated with an industrial injury date of July 11, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of a limited amount of movement and pain to cervical spine and bilateral upper and lower extremity. On examination, patient had tender cervical, thoracic and lumbar spine with restricted range of motion. Treatment to date has included unspecified topical creams, chiropractic therapy and physiotherapy. Utilization review from June 3, 2014 denied the request for Pantoprazole 20mg #60, Cyclobenzaprine 7.5mg #90 and Naproxen 550mg #60. The request for Pantoprazole was denied because the documentation provided did not indicate that the patient was prescribed with an NSAID and there was no indication that the patient was at risk for gastrointestinal events. The request for cyclobenzaprine was denied because the patient did not have muscle spasms based on the documentation provided. The request for Naproxen was denied because the documentation did not indicate whether the request was a new prescription or a refill of a previous prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: 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 NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "proton pump inhibitors, such as pantoprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events." Therefore, the request for Pantoprazole 20mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "Cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement." In this case, although a previous progress report dated 12/18/13 showed that the patient had spasms; however, more recent progress reports did not reveal this finding. Moreover, the requested number of pills exceeds the amount prescribed by the guidelines. Therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

Naproxen 550mg #60: 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 Naproxen, NSAIDs Page(s): 66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDS.

Decision rationale: According to page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function." In addition, Official Disability Guidelines states that "there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain." In this case, it was not specified how long or when the medication was started. Moreover, the prescribed dose was not the lowest dose. The request is also incomplete as the frequency by which the Naproxen is to be taken is missing. The medical necessity was not established. Therefore, the request for Naproxen 550mg #60 is not medically necessary.