

Case Number:	CM14-0096752		
Date Assigned:	07/28/2014	Date of Injury:	03/12/2007
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Pain Medicine 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 54-year-old male who reported an injury on 03/12/2007. Mechanism of injury reportedly occurred when the injured worker was lifting a heavy seat out of a car. The injured worker had diagnoses of reflex sympathetic dystrophy of the lower limb, pain in joint of lower limb, chronic pain syndrome, myalgia and myositis not otherwise specified, osteoarthritis not otherwise specified, unspecified site, sleep disturbance not otherwise specified, electronic prescribing enabled, and encounter for long-term use of other medication. Other treatments included medications. Diagnostic studies were not provided. Surgical history consisted of knee surgery, unspecified and undated. Diagnostic studies included urine drug screen. On 05/13/2014, the injured worker was seen for bilateral knee pain. The pain level was exacerbated by periods of increased activity and periods of ambulation. The pain was partially relieved by the use of medications and various types of injection therapy. The medications included lidocaine 5% ointment 3 times a day, cyclobenzaprine 7.5 mg twice a day as needed; lisinopril DR 30 mg, 1 in the morning; meloxicam 7.5 mg, 1 twice a day as needed; Norco 10/325, 1 to 2, 3 times a day as needed for pain; Vistaril 25 mg, 1 at bedtime as needed; Ambien 10 mg, 0.5 to 1 at bedtime as needed for insomnia. The treatment plan was to continue medications. The rationale was that opioid-containing medications were used to treat the opioid response portion of their pain; an anti-inflammatory medication to address the persistent anti-inflammatory component of the pain; peripheral muscle relaxant medications to address the spasmodic and soft tissue dysfunction component of their pain; adjacent pain reliever medications to treat the neuropathic component of the pain; stomach protectant agents to reduce the possibility of developing gastritis or ulcers; and topical agents to treat both the spasmodic and neuropathic component of their painful condition. The request is for lansoprazole DR 30 mg capsule, 1

QAM #30 with 3 refills; and cyclobenzaprine 7.5 mg tablet, 1 twice a day as needed #60 with 3 refills. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole DR 30 mg capsule one QAM #30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Lansoprazole DR 30 mg capsule, 1 QAM #30 with 3 refills is not medically necessary. The injured worker has a history of bilateral knee pain. The CA MTUS guidelines recommend the use of proton pump inhibitors (ppi) if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of clinical information provided indicating the injured worker had gastritis. There is a lack of documentation of NSAID side-effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Lansoprazole; the guidelines identify increase risk of hip fracture with long term usage of PPIs. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. There is lack of documentation of any listed criteria for gastrointestinal complications. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5 mg tablet, one BID PRN #60 with three refills: Upheld

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

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

Decision rationale: The request for cyclobenzaprine 7.5 mg tablet, 1 twice a day as needed #60 with 3 refills is non-certified. The injured worker has a history of bilateral knee pain. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided indicating how long the injured worker has used cyclobenzaprine, the guidelines recommend cyclobenzaprine as a short course of therapy. Cyclobenzaprine is recommended for short-term therapy. There is a lack of documentation that the injured worker has any spasms. As such, the request is not medically necessary.

