

Case Number:	CM13-0009929		
Date Assigned:	02/07/2014	Date of Injury:	11/22/2011
Decision Date:	12/03/2015	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 11-22-11. The injured worker was being treated for right hip sprain, right knee sprain, right ankle sprain, right foot-heel pain and lumbosacral pain with radiculopathy. On 11-2-12, the injured worker complains of right knee pain and unable to kneel or squat, locking of knee and difficulty walking; right hip pain with radiation to right thigh. Right hip pain is rated 8 out of 10, all other pain is rated 6 out of 10. Work status is noted to be modified duty. Physical exam dated 11-2-12, 1-25-13 and 2-27-15 was unchanged. Treatment to date has included lumbar epidural steroid injection (provided mild relief of pain and residual spasm), knee brace, activity modifications, physical therapy and pain management. The treatment plan included physical therapy and pain management. The treatments denied by utilization review are not listed on the documentation submitted. On 8-1-13 request for Cyclobenzaprine 7.5mg #i90, Naproxen 550mg #60 and Pantoprazole 20mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Cyclobenzaprine 7.5mg, #90 (DOS: 9/28/12):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.

Retrospective request for 1 prescription of Naproxen tabs 550mg, #60 (DOS: 9/28/12):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Naprosyn 550 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Naprosyn. Naprosyn 550 mg #60 is not medically necessary.

Retrospective request for 1 prescription of Pantoprazole Sodium 20mg, #30 (DOS: 9/28/12): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro-intestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and Pantoprazole therefore is not medically necessary.