

Case Number:	CM14-0195525		
Date Assigned:	12/03/2014	Date of Injury:	03/09/2011
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of March 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cubital tunnel release surgery; earlier shoulder surgery; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated October 21, 2014, the claims administrator failed to approve a request for Flexeril and Protonix. The claims administrator stated that its decision was based on various progress notes of July 25, 2014, September 9, 2014, October 15, 2014, and October 20, 2014. The applicant's attorney subsequently appealed. In a progress note dated May 9, 2014, the applicant reported ongoing complaints of elbow pain, bilateral. The applicant had issues with thoracic outlet syndrome and neck pain, it was further noted. The applicant was given a prescription for Nexium and Protonix. It was stated that Protonix was being employed for gastritis. The note was difficult to follow but seemingly suggested that the applicant had noticed some diminution in gastrointestinal side effects following introduction of Protonix. The attending provider's note was difficult to follow and suggested in some sections that the applicant was using Protonix as a gastroprotective effect while other sections of the note stated that the applicant was using Protonix for active symptoms of dyspepsia. On June 27, 2014, the applicant was reportedly using colchicine and omeprazole. The applicant was given prescriptions for Norco, Zofran, Ultram, Protonix, Voltaren, and Neurontin. The applicant was placed off of work, on total temporary disability. It was stated that the applicant was pending cubital tunnel release surgery on July 9, 2014. The applicant did ultimately undergo cubital tunnel release surgery on July 9, 2014. On July 19, 2014, the applicant reported ongoing complaints of hand stiffness. The applicant reported near-complete resolution of upper extremity paresthesias, however. The applicant was again

described using colchicine and omeprazole through another provider. The applicant denied any heartburn or nausea, it was stated in the review of systems section of the note. At the bottom of the report, the attending provider stated that the applicant was being given Flexeril 7.5 mg #180 in conjunction with Protonix 20 mg #60. It was stated that Protonix was being employed for gastroprotective effect. Motrin was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is using a variety of other agents, including Motrin, tramadol, and Neurontin. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It was further noted that the 180-tablet supply of Flexeril (cyclobenzaprine) at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Protonix 20 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management NSAIDs, GI Symptoms, and Cardiovasc.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, a prescribing provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. The attending provider has not stated why he is prescribing the applicant with Protonix, a proton pump inhibitor, through the auspices of the above-referenced Workers' Compensation claim when the applicant is already receiving omeprazole, a second proton pump inhibitor, through another provider. Furthermore, while page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any symptoms of reflux, heartburn, and/or dyspepsia on the September 19, 2014 progress note on which Protonix was most recently prescribed. The applicant specifically denied any issues with heartburn under

gastrointestinal review of systems section of that progress note. All of the foregoing, taken together, did not outline a compelling basis for continued provision of Protonix. Therefore, the request was not medically necessary.