

Case Number:	CM14-0196003		
Date Assigned:	12/04/2014	Date of Injury:	02/17/2014
Decision Date:	01/20/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine and Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This employee, a 53-year-old man, states he was injured 2/17/2014. He was working as a tool maker when he was carrying a 5-lb bucket of "soluble" liquid and his right foot slipped. He lost his balance and almost fell, but twisted his left knee and pulled his right buttock. He has low back pain. He has a disc herniation at L4-5 with a radiculopathy. He is also prescribed hydrocodone, naproxen and tramadol. Other treatment has included physical therapy, epidural steroid injection and LSO bracing. His treating physician is appealing the 10/28/14 denial of pantoprazole 20 mg #90 and cyclobenzaprine 7.5 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors (PPIs)

Decision rationale: The CA MTUS chronic pain guidelines give recommendations for PPI usage with NSAIDs. This patient is prescribed Naproxen. The patient's risk for GI events must be determined: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). If the patient is at intermediate or high risk for GI events without cardiovascular disease, a PPI can be utilized. The MTUS does not make a recommendation on which PPI can be utilized. Per the ODG, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Omeprazole provides a statistically significantly greater acid control than lansoprazole. A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. All of the commercially available PPIs appeared to be similarly effective. There is not sufficient evidence to warrant use of Protonix (pantoprazole) above omeprazole. There is not sufficient information to show this patient is at increased GI risk, besides his own recollection of GI upset off of the medication (no history of peptic ulcer hematochezia was specifically noted, and no history of perforation was mentioned). The Pantoprazole 20mg #90 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Per the CA MTUS chronic pain medical treatment guidelines, cyclobenzaprine can be used 5-10 mg three times per day, but should not be used longer than 2-3 weeks. The amount of this prescription appears to be at minimum 30 days in length. This is not medically necessary per treatment guidelines. The Cyclobenzaprine 7.5mg #90 is not medically necessary.