

Case Number:	CM14-0202681		
Date Assigned:	12/15/2014	Date of Injury:	02/17/2013
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in Utah. 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 patient is a male. The patient's date of injury is 2/17/2013. The mechanism of injury is not clearly stated in the clinical documents. The patient has been diagnosed with left lumbar radiculopathy at L3-4, left peroneal neuropathy, and s/p ORIF of the left tibia/fibula. The patient's treatments have included imaging studies, recommended injection, LSO, TENS unit, Surgical Interventions, physical therapy, and medications. The physical exam findings dated May 13, 2014 shows the thoracolumbar spine examination with diffuse tenderness in the lower lumbar area with hyperthesias and weakness in the entire left lower extremity. The patient's medications have included, but are not limited to, Tramadol, Hydrocodone, and Cyclobenzaprine. The request is for Cyclobenzaprine, Naproxen, and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5 mg #90: 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 Muscle Relaxants Page(s): 41-42; 63-66.

Decision rationale: MTUS guidelines state the following: Cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Cyclobenzaprine requested is not being used for short term therapy. The clinical documents lack clear evidence of muscle spasm that would require a muscle relaxant at this time. Following guidelines as listed above, there is no indication for the use of Cyclobenzaprine. At this time, the request is not deemed as a medical necessity.

Retrospective request for Naproxen 550 mg #90: Overturned

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 (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is also recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines; Naproxen is indicated a medical necessity to the patient at this time.

Retrospective request for Pantoprazole 20 mg #90 with dos of 10/16/2014: Overturned

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 & Cardiovascular Risk Page(s): 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Pantoprazole. According to MTUS guidelines, increased risk is defined as: (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). The patient reports a history of GI upset with NSAID usage, no history of ulcer reported. The patient is currently taking a high dose of NSAIDs. The use of Pantoprazole, as stated in the above request, is determined to be a medical necessity at this time.