

Case Number:	CM14-0203581		
Date Assigned:	12/16/2014	Date of Injury:	12/30/2013
Decision Date:	02/04/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/05/2014

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 Ohio. 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 43 year old male with a date of injury of 12-30-2013. He fell onto his knees and developed a painful mass of the right knee. He had complained of spasms to the right calf. He had an excision of a right knee bursal cyst and the prepatellar bursa on 9-29-2014. The physical exam has revealed varying degrees of right calf spasm. The injured worker had been treated with orphenadrine for the spasms prior to 7-18-2014, which was effective, but was then changed to Flexeril 7.5 mg three times a day. He has also described GI upset as a consequence of the Naprosyn 550 mg, dosed three times daily. The GI upset was not responsive to omeprazole and not responsive to conventional dosing of Pantoprazole. The effective dose of Pantoprazole appeared to be 20 mg three times daily. A pre-operative history and physical exam notes a history of gastroesophageal reflux disease. At issue are refills for these two medications. The Flexeril and Pantoprazole were denied by utilization review based upon CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG #90 Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Cyclobenzaprine.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and limited to 2-3 weeks. In this instance, Flexeril has been prescribed for a period of time which exceeds the recommendations. The injured worker was previously taking orphenadrine for muscle spasm which was reported to be effective. There was no explanation for the change to Flexeril. There have been no trials with non-sedating muscle relaxants. Based upon the cited guidelines, Cyclobenzaprine 7.5 MG #90 was not medically necessary.

Pantoprazole 20 MG #90 Qty 90: Overturned

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

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

Decision rationale: Those taking NSADs should be assessed for the risk of gastrointestinal side effects such as gastric ulceration. Those risk factors include (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). Those with risk factors should be given: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Additionally, those with dyspepsia as a consequence of NSAIDs the options include stopping the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this instance, the injured worker is taking high dose NSAIDs (Naproxen 550 mg three times a day) and has GI symptoms as a result. The use of protonix, even at high doses, is fully supported by the guidelines. Hence, Pantoprazole 20 mg #90 was medically necessary.