

Case Number:	CM14-0204034		
Date Assigned:	12/16/2014	Date of Injury:	01/14/2014
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
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 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 low back pain reportedly associated with an industrial injury of January 14, 2014. In a utilization review report dated November 7, 2014, the claims administrator failed to approve a request for Protonix and Flexeril. The claims administrator referenced a November 3, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a prescription order form dated July 8, 2014, the applicant was given prescriptions for tramadol and Fexmid (cyclobenzaprine). On October 3, 2014, the applicant was given prescriptions for Fexmid, Protonix, and tramadol. Preprinted check boxes were employed, with little to no narrative commentary. In a September 16, 2014 psychiatric progress note, Wellbutrin, Klonopin, and psychotherapy were endorsed. On September 3, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Klonopin and Wellbutrin for anxiety and depression, respectively. 7/10 pain without medications versus 3/10 pain with medications was noted. Cyclobenzaprine was refilled. The applicant's work status was not clearly outlined. Neck pain, mid back pain, and low back pain were all appreciated on this date. On October 3, 2014, the applicant was complaining of reflux symptoms. The applicant was not using NSAIDs. Protonix was nevertheless introduced. The applicant was asked to continue Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: 1. Yes, the request for Pantoprazole (Protonix), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here. The applicant did report issues with reflux on the October 3, 2014 office visit at issue. Introduction of Protonix was indicated on or around the date in question. Therefore, the request was medically necessary.

Cyclobenzaprine 7.5mg OD-BID (once daily-twice a day) as needed 30: Upheld

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

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

Decision rationale: 2. Conversely, the request for cyclobenzaprine (Fexmid) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. Here, the applicant is using a variety of other agents, including tramadol. Adding cyclobenzaprine to the mix is not recommended. The 30-tablet supply of cyclobenzaprine at issue, furthermore, implies chronic, long-term, and daily usage of the same. The applicant has received multiple prescriptions of cyclobenzaprine over the past several months. Such treatment represents usage of cyclobenzaprine 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.