

Case Number:	CM14-0205679		
Date Assigned:	12/17/2014	Date of Injury:	06/19/2014
Decision Date:	02/17/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/09/2014

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 shoulder pain reportedly associated with an industrial injury of June 6, 2014. In a Utilization Review Report dated November 7, 2014, the claims administrator approved request for naproxen and tramadol while denying cyclobenzaprine and Protonix. An October 14, 2014 progress note and RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On October 21, 2014, the attending provider appealed some of the denials in a highly templated manner, citing a number of guidelines, without much applicant-specific information or applicant-specific commentary. On August 18, 2014, the applicant reported persistent complaints of knee, neck, wrist, shoulder, and rib pain, 6/10. The applicant had not worked since the date of injury, it was acknowledged. Tramadol, naproxen, and Fexmid were endorsed, along with a 25-pound lifting limitation, which above the attending provider acknowledged that the applicant was not working with said limitation in place. MRI imaging of the left knee was endorsed to check for meniscal pathology, in conjunction with eight sessions of physical therapy. The attending provider seemingly suggested that the request for cyclobenzaprine was a renewal request, although this was not clearly stated. There was no mention of the applicant's having any issues with reflux or heartburn in either the body of the report or the review systems section of the same. On September 15, 2014, the applicant was asked to pursue physical therapy for ongoing complaints of knee and low back pain. The applicant was off of work, it was acknowledged. Methoderm, naproxen, Flexeril, and Protonix were renewed. It was suggested that the applicant was using Protonix for gastroprotective effect as opposed to for actual symptoms of reflux. The applicant was 27 years old, it was incidentally noted, on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic 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 was/is using a variety of other agents, including Naproxen, Tramadol, Methoderm, etc. Adding cyclobenzaprine to the mix was not recommended. It was further note that the 60-tablet supply of 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 (Pantoprazole) 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms and Ca. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

Decision rationale: The attending provider suggested that the request represented a request to employ Protonix for gastro protective effect. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant is less than 65 years of age (age 27), is only using one NSAID, naproxen, is not using multiple NSAIDs, and is not using NSAIDs in conjunction with corticosteroids. Therefore, the request was not medically necessary.