MAXIMUS Federal Services

Case Number:	CM15-0001363		
Date Assigned:	01/12/2015	Date of Injury:	12/23/2008
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female who reported an injury on 12/23/2008. The injured worker underwent left shoulder surgery in 09/2013, and on 05/01/2014. The documentation of 12/15/2014 revealed the injured worker had pain all the time and needed her pain medications. The injured worker was able to abduct 120 degrees and forward flex 130 degrees. There were noted to be signs of impingement and weakness in flexion and abduction of the shoulder. The injured worker had tenderness in the subacromial fossa. The left shoulder trapezius had a large, tender knot where the muscle was spastic and irritated and induced significant pain. The diagnoses included status post left shoulder surgery in 09/2013 and 05/01/2014 and underlying anxiety and psychiatric component as a result of the chronic pain syndrome secondary to her medical condition and right shoulder derivative injury with impingement and functional motion loss. The treatment plan included a refill of hydrocodone 5 mg #90, 2 to 3 tablets per day, pantoprazole 20 mg by mouth twice a day #60 as it was indicated the injured worker had problems with her gut and the physician documented there was a need to address this and the injured worker had a GI scope showing gastritis. Additionally, the documentation indicated the injured worker would need to use cyclobenzaprine daily - twice a day for spasticity in the left shoulder trapezius region. There was no Request for Authorization submitted for the medication. Other therapies included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back acute pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had muscle spasms. The documentation indicated the injured worker was to take the medication daily up to twice a day and this request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate or high risk of gastrointestinal events. The clinical documentation submitted for review indicated the injured worker had gastritis. This request would be supported; however, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole 20 mg #60 is not medically necessary.