MAXIMUS Federal Services

Case Number:	CM15-0003166		
Date Assigned:	01/14/2015	Date of Injury:	05/22/2014
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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
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 51year old female, who sustained an industrial injury on 5/22/2014. The current diagnoses are cervical, lumbar, right and left knee sprain/strain. Currently, the injured worker complains of neck, low back, and right /left knee pain. The neck pain is described as frequent and stabbing with associated heaviness and numbness. It is rated 5-6/10 on a subjective pain scale. The low back pain is described as throbbing and burning. There is heaviness, numbness, and tingling associated with change in temperature, sudden movement, and certain activities. It is rated 10/10. The left and right knee pain is described as sharp and rated 10/10. Treatment to date has included medications and physical therapy. The treating physician is requesting Cyclobenzaprine 7.5 MG #90 and Protonix 20 MG #60, which is now under review. On 12/22/2014, Utilization Review had non-certified a request for Cyclobenzaprine 7.5 MG #90 and Protonix 20 MG #60. The medications were non-certified based on being non-consistent with the guidelines. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain Page(s): 63-66.

Decision rationale: The patient was injured on 05/22/14 and presents with neck, low back, and right /left knee pain. The request is for cyclobenzaprine 7.5 mg #90. There is no RFA provided, nor is there any discussion provided on the patient's work status. The patient has been taking this medication as early as 08/20/14. MTUS Guidelines page 63- 66 states "Muscle relaxants (for pain): recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommended for a short course of therapy." There is tenderness to palpation of the bialtearl trapezii and cervical paravertebral muscles. There is muscle spasm of the bilateral trapezii and cervical paravertebral muscles and Spurling's is positive. Regarding both knees, there is a positive McMurray's and tenderness to palpation of the anterior knee, medial knee, and posterior knee. There is muscle spasm of the anterior knee, medial knee, and posterior knee. MTUS Guidelines support the use such as cyclobenzaprine for a short course of therapy, not longer than 2 to 3 weeks. In this case, the patient has been taking this medication since 08/20/14 which exceeds the 2-3 week limit that is indicated by MTUS. Therefore, the requested cyclobenzaprine is not medically necessary.

Protonix 20 MG #60: Upheld

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 risks Page(s): 69.

Decision rationale: The patient was injured on 05/22/14 and presents with neck, low back, and right /left knee pain. The request is for protonix 20 mg #60. There is no RFA provided, nor is there any discussion provided on the patient's work status. The patient has been taking this medication as early as 10/29/14. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient is currently taking Cyclobenzaprine, Gabapentin, and Oxycontin CR. She has been taking Protonix as early as 10/29/14. In this case, the treater does not provide any reason as to why this patient needs Protonix. The treater does not document

dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to this medication's efficacy and lack of rationale for its use, the requested Protonix is not medically necessary.