

Case Number:	CM15-0006925		
Date Assigned:	01/26/2015	Date of Injury:	03/28/2012
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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 56 year old male who sustained a work related injury on March 28, 2012, after falling backwards and injuring his right shoulder. The diagnoses included a right shoulder subacromial bursitis and impingement and right shoulder symptomatic acromioclavicular joint arthralgia. Treatment included Magnetic Resonance Imaging (MRI), physical therapy, pain medication, and home exercise program and activity modification, right shoulder arthroscope and repair of rotator cuff. Currently, in October, 2014, the injured worker complained of persistent pain in the right shoulder increased with activities. On February 2, 2015, a request for a prescription of Pantoprazole 20 mg #90 was modified to Pantoprazole 20 mg #30 and Cyclobenzaprine 7.5 mg #90 was non-certified by the Utilization review, noting the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg, #90, DOS 12/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

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

Decision rationale: This patient presents with right shoulder pain. The treater is requesting RETROSPECTIVE CYCLOBENZAPRINE 7.5 MG #90, DOS 12/16/2014. The RFA dated 12/16/2014 shows a request stating dispense cyclobenzaprine 7.5 mg 1 p.o. t.i.d. p.r.n. spasm #90. The patient's date of injury is from 03/28/2012 and his current work status is full duty. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline-. This medication is not recommended to be used for longer than 2 to 3 weeks. The 10/30/2014 report notes, Cyclobenzaprine 7.5 mg at t.i.d. dosing facilitates significant decrease in spasm for average of 5 hours with improved range of motion and tolerance to exercise and increase in overall pain level. Cyclobenzaprine at current dosing does decrease pain level additional 3 points average on a scale of 10. In this case, it appears that the treater prescribed this medication prior to 10/30/2014. While the patient reports benefit while utilizing cyclobenzaprine, the MTUS Guidelines do not recommend long-term use of this medication. MTUS limits its use to 2 to 3 weeks. The current request exceeds guidelines. The request IS NOT medically necessary.

Retrospective Pantoprazole 20mg, #90, DOS 12/16/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

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

Decision rationale: This patient presents with right shoulder pain. The treater is requesting RETROSPECTIVE PANTOPRAZOLE 20 MG #90, DOS 12/16/2014. The RFA dated 12/16/2014 shows a request for dispense pantoprazole 20 mg 1 p.o. t.i.d. #90. The patient's date of injury is from 03/28/2012 and his current work status is full duty. 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 records do not show any history of pantoprazole use. The 10/30/2014 report notes, recalls NSAID therapy use historically resulted in GI upset with PPI at q.d. dosing and with PPI at b.i.d. dosing, however, denies GI upset with PPI at t.i.d. dosing. In this case, the treater has documented gastrointestinal events. The request IS medically necessary.

