

Case Number:	CM15-0100753		
Date Assigned:	06/03/2015	Date of Injury:	01/08/2010
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of January 8, 2010. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve requests for Protonix and Flexeril. The claims administrator referenced a RFA form and an associated progress note of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On January 21, 2015, the applicant reported ongoing complaints of low back pain, 7/10. The applicant was not working and had received unemployment compensation followed by supplemental security income (SSI). The applicant had not worked since October 2010, it was acknowledged. The applicant's complete medication list was not detailed. It appeared that Topamax, Effexor, tramadol, Naprosyn, and a TENS unit were prescribed on this date, while the applicant's permanent work restrictions were renewed. Protonix was also prescribed. There was, however, no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia in the body of the report or in the review of systems section of the same. On April 30, 2015, it was again acknowledged that the applicant was not working owing to ongoing complaints of low back pain. The applicant was given refills of tramadol, Flexeril, Protonix, and Naprosyn. Permanent work restrictions were renewed. Once again, there was no explicit mention of the applicant's having issues with reflux, heartburn, and dyspepsia either in the subjective section of the note or in the past medical history section of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for pantoprazole (Protonix), a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that proton-pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes of early to mid 2015. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5 MG #60: Upheld

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

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

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Protonix, tramadol, Naprosyn, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment 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.