

Case Number:	CM15-0010403		
Date Assigned:	01/27/2015	Date of Injury:	11/11/2008
Decision Date:	04/08/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/19/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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:

This 62 year old male sustained a work related injury on 11/11/2008. According to a progress report dated 12/10/2014, the injured worker was status post right total knee arthroplasty in 03/2014 and status post left total knee replacement in 10/2013. Right knee pain was rated 6 on a scale of 1-10. Left knee pain was rated 3. The provider noted that activities of daily living were maintained with medication on board with current dosing, including but not limited to grocery shopping, necessary household duties, bathing, grooming, preparing of food and simple cooking. Nonsteroidal anti-inflammatories (NSAIDS) facilitated 2-3 point diminution in pain component. There was greater range of motion with NSAID, first line drug. Objective improvement example provided. The injured worker recalled gastrointestinal upset with nonsteroidal anti-inflammatory drug without a proton pump inhibitor and with a proton pump inhibitor at every day dosing and twice a day dosing and denied gastrointestinal upset with a proton pump inhibitor with three times a day dosing. There was no cardiac history, history of ulcer or hematochezia. Spasm had remained refractory to stretching, heat, cold, activity modification, physical therapy and home exercise prior to Cyclobenzaprine at current dosing regimen. Cyclobenzaprine 7.5mg three times a day facilitated a decrease in intractable spasm for an average of five hours with improved motion and tolerance to exercise and decrease in pain level. Cyclobenzaprine at current dosing decreased pain level additional 3-4 points average with no adverse effects. On 12/23/2014, Utilization Review non-certified retro Naproxen 550mg #90, retro Pantoprazole 20mg #90 and retro Cyclobenzaprine 7.5mg #90. In regard to Naproxen, guidelines do not support long term utilization of nonsteroidal anti-inflammatory drugs typically. CA MTUS Chronic Pain Medical

Treatment Guidelines, page 66 was referenced. In regard to Pantoprazole, there was no evidence that the injured worker was at significantly increased risk for the noted guideline-associated gastrointestinal events. CA Chronic Pain Medical Treatment Guidelines were referenced. In regard to Cyclobenzaprine, there was no documentation of a maintained increase in function or decrease in pain or spasms with the use of this medication. There had not been recent provided evidence of screening exams for misuse having been performed with a demonstrated low risk for misuse, with evidence that use resulted in a decrease in visual analogue scale pain scores and improved and measurable tolerance to specified activities versus when the medication was not being used. Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen 550mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. Therefore, the request is not medically necessary.

Retro Pantoprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she

has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, pantoprazole is not medically necessary.

Retro Cyclobenzaprine 7.5mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the patient has been treated with flexeril for longer than the recommended amount of time. Therefore, the request is not medically necessary.