

Case Number:	CM15-0134157		
Date Assigned:	07/22/2015	Date of Injury:	09/26/2012
Decision Date:	08/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 52-year-old female who sustained an industrial injury on 9/26/2012 resulting in complaints of mid and then upper and low back pain. She is diagnosed with contusion of mid back, sprain of the thoracic and lumbar regions, and thoracic or lumbosacral neuritis or radiculitis. Documented treatment has included physical therapy; use of a lumbar back brace, use of TENS unit with some noted relief; and, medication. The injured worker continues to report back and neck pain radiating to her left shoulder and pain when breathing. The treating physician's plan of care includes Protonix 20 mg, and Flexeril 5 mg twice per day as needed. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Protonix 20mg once a day 30 tablets 3 refills, fill date 6/2/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs.

Decision rationale: The request for Protonix is not medically necessary. The patient has also been prescribed Anaprox from which the patient is experiencing gastrointestinal symptoms. However, as per ODG guidelines, Protonix is second-line. There was no rationale on why Protonix was prescribed as opposed to first-line omeprazole. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Retrospective Flexeril 5mg twice a day as needed acute flare ups of muscle spasms, 60 tablets, 3 refills 6/2/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.