

Case Number:	CM15-0135149		
Date Assigned:	07/23/2015	Date of Injury:	02/02/2011
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 48 year old female, who sustained an industrial injury on February 2, 2011. She reported feeling a pop in her right shoulder. The injured worker was currently diagnosed as having bilateral carpal tunnel syndrome symptoms, right shoulder subacromial bursitis, left shoulder mild subacromial bursitis, cervical strain, cervical radiculopathy, lumbar strain and thoracic strain. Treatment to date has included medications, physical therapy and right carpal tunnel release. She discontinued her tramadol medication due to nausea. On June 3, 2015, the injured worker complained of cervical spine pain and right shoulder pain. The pain radiated down the upper extremities. She also noted significant stomach pain that she thinks is from the medication usage. The treatment plan included medications. On July 2, 2015, Utilization Review non-certified the request for Pantoprazole 20 mg #90 and Cyclobenzaprine 7.5 mg #90, citing California MTUS Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole 20 mg #90 with a dos of 6/4/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Pantoprazole: Drug Information. Topic 9474, version 167.0. UpToDate, accessed 08/21/2015.

Decision rationale: Pantoprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn and other symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck/upper back that went into the arms, mid- and lower back pain that went into the legs, depressed and anxious moods, and stomach upset with the use of NSAIDs. Treatment recommendations continued to include NSAID therapy because use significantly improved the worker's symptoms and function while trials of alternate treatments were less effective. However, the recommended daily dose was significantly higher than that recommended by the literature or FDA for this purpose. Long-term use at higher doses can cause serious complications. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of pantoprazole 20mg for the date of service 06/04/2015 is not medically necessary.

RetrospectiveCyclobenzaprine 7.5 mg #90 with a dos of 6/4/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck/upper back that went into the arms, mid- and lower back pain that went into the legs, depressed and anxious moods, and stomach upset with the use of NSAIDs. These records

indicated the worker had been taking this medication for a prolonged amount of time, and the discussion did not sufficiently describe special circumstances to support this request for long-term use. In the absence of such evidence, the current request for 90 tablets of cyclobenzaprine 7.5mg for the date of service 06/04/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.