

Case Number:	CM15-0135183		
Date Assigned:	07/23/2015	Date of Injury:	10/02/2014
Decision Date:	08/20/2015	UR Denial Date:	06/29/2015
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: 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 injured worker is a 56 year old male who sustained an industrial trip and fall injury on 10/02/2014 while running after a suspect. The injured worker has a medical history of diabetes mellitus. The injured worker was diagnosed with rule out right shoulder rotator cuff tear/impingement, impending adhesive capsulitis, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain and bilateral knee contusions. Treatment to date has included diagnostic testing with recent right shoulder magnetic resonance imaging (MRI) on February 10, 2015, subacromial injections to the right shoulder, physical therapy for the right shoulder and lumbar spine, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program, lumbosacral orthosis, activity and work modifications and medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience right shoulder pain rated at 9/10 on the pain scale, neck and low back pain rated at 5/10. Examination of the right shoulder demonstrated range of motion with flexion and abduction at 120 degrees each, positive impingement signs and positive Jobe test. Atrophy of the right deltoid musculature was noted. There was tenderness over the cervical, thoracic and lumbar spine with spasm of the lumbar paraspinal and right cervical trapezius muscles. There was limited range of motion and no focal upper or lower extremity deficits. The bilateral knees were diffusely tender with range of motion at 0-120 degrees. Current medications are listed as Tramadol ER 100mg, Naproxen, Cyclobenzaprine and Pantoprazole. Treatment plan consists of continuing with physical therapy, lumbar magnetic resonance imaging (MRI), lumbosacral

orthosis, transcutaneous electrical nerve stimulation (TEN's) unit and the current request for Norco 10/325mg, Cyclobenzaprine and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Protonix are recommended by the MTUS Guidelines, as a second line agent, when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Protonix when using NSAIDs. The request for Pantoprazole 20mg #60 is determined to not be medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking opioids for an extended period without objective documentation of functional improvement or significant decrease in pain. Additionally, past urine drug screens were not consistent with prescribed medications. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #60 is determined to not be medically necessary.

Cyclobenzaprine 10mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker is being treated for chronic pain and there is no evidence of an acute exacerbation of pain. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 10mg 1 PO BID #60 is determined to not be medically necessary.