

Case Number:	CM15-0140536		
Date Assigned:	07/30/2015	Date of Injury:	06/01/2013
Decision Date:	08/27/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/20/2015

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 52-year-old male, who sustained an industrial injury on 06-01-2013. He has reported injury to the wrists, knees, and low back. The diagnoses have included lumbar disc displacement with radiculopathy; lumbar myositis, myalgia; lumbar spinal stenosis; lumbar spine sprain; strain; lumbar radiculopathy; shoulder sprain-strain; shoulder rotator cuff syndrome; carpal tunnel syndrome; knee sprain-strain; knee medial meniscal tear; plantar fasciitis, right heel; and insomnia. Treatment to date has included medications, diagnostics, acupuncture, extracorporeal shockwave procedures, and physical therapy. Medications have included Ibuprofen, Tramadol, Omeprazole, Diclofenac, Flexeril, and Protonix. A progress note from the treating physician, dated 07-01-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain; pain by umbilicus; and bilateral knee pain. Objective findings included tenderness of the bilateral knees; full range of motion of the bilateral knees with negative laxity; x-ray of the bilateral knees within normal limits; tenderness of the lumbar spine with spasm; neuro exam of the lower extremities within normal limits; full range of motion of the hips; x-ray of the pelvis-hips within normal limits; tenderness of the umbilicus with palpable defect; and the x-rays of the lumbar spine, bilateral shoulders, bilateral hands, and bilateral feet are within normal limits. The treatment plan has included the request for Diclofenac 100 mg, thirty counts; Flexeril 10 mg, sixty counts; and Protonix 20 mg, thirty counts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Diclofenac 100 mg, thirty counts is determined to not be medically necessary.

Flexeril 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 64.

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 exacerbation, 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 indication 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 Flexeril 10 mg, sixty counts is determined to not be medically necessary.

Protonix 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

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 when using NSAIDs if there is a risk for gastrointestinal events. In this case, the request for NSAIDs is not supported; therefore, there is no indication for the

use of Protonix. The request for Protonix 20 mg, thirty counts is determined to not be medically necessary.