

Case Number:	CM15-0143007		
Date Assigned:	08/03/2015	Date of Injury:	08/28/2012
Decision Date:	09/04/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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:

The injured worker is a 35-year-old female, who sustained an industrial injury on 8-28-2012. She reported a mattress fell onto the right upper extremity and neck. Diagnoses include chronic neck pain, cervical degenerative disc disease, radiculitis, carpal tunnel syndrome, neck sprain and spasm of muscle. Treatments to date include anti-inflammatory, muscle relaxant, Butrans patch, physical therapy, home exercise, and chiropractic therapy. Currently, she complained of pain rated 7 out of 10 VAS. On 6-17-15, the physical examination documented cervical tenderness and muscle spasms with positive Spurling's test bilaterally. There was decreased right hand grip strength. The plan of care-included prescriptions for Protonix 20mg tablets, one twice a day #60 and Fexmid 7.5mg, one tablet three times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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, Protonix is not medically necessary.

Fexmid 7.5mg tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

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

Decision rationale: Fexmid is recommended as an option, using a short course of therapy. Cyclobenzaprine (Fexmid) 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 using Fexmid longer than the recommended amount of time. The continued use is not medically necessary.