

Case Number:	CM15-0143709		
Date Assigned:	08/04/2015	Date of Injury:	08/04/2013
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary, who has filed a claim for chronic shoulder, neck, and mid back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of August 4, 2013. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve requests for Protonix and Flexeril apparently prescribed and/or dispensed on June 4, 2015. The applicant's attorney subsequently appealed. On said June 4, 2015 progress note, the applicant reported multifocal complaints of neck, shoulder, mid back, and low back pain, ranging from 5 to 8/10. The applicant was asked to pursue extracorporeal shockwave therapy for the shoulder tendonitis. The applicant was asked to employ a lumbar support and a TENS unit. Cervical and thoracic MRI imaging were sought while Norco, Protonix, Naprosyn and Flexeril were prescribed and/or dispensed. Permanent work restrictions were renewed. It was suggested that the applicant was not working and had not worked for several months, towards the bottom of the report. The attending provider seemingly suggested (but did not clearly state) that Protonix (pantoprazole) was employed for cytoprotective effect as opposed to for actual symptoms of reflux. Reporting on this point was somewhat incongruous, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Pantoprazole 20mg #90 DOS 6/04/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: No, the request for pantoprazole (Protonix), a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider's documentation of June 4, 2015, was, at times, internally inconsistent as to whether Protonix was being employed for actual symptoms of reflux versus being employed for cytoprotective effect. The preponderance of the documentation on file, however, suggested that Protonix was in fact being employed for cytoprotective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Protonix. Specifically, the applicant was less than 65 years of age (age 58), was only using one NSAID, Naprosyn, was not using NSAIDs in conjunction with corticosteroids, was not using NSAIDs in conjunction with aspirin, and had no known history of prior GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg #90 DOS 06/04/2015: Upheld

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

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

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is recommended. Here, the applicant was, in fact, using a variety of other agents, including Naprosyn, tramadol, and Norco, etc., suggested on the June 4, 2015 progress note at issue. The addition of the cyclobenzaprine to the request was mix was not recommended. It was further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.