

Case Number:	CM15-0160906		
Date Assigned:	08/27/2015	Date of Injury:	02/14/2014
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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, California

Certification(s)/Specialty: Family Practice

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 February 14, 2014. Treatment to date has included opioid medications, physical therapy, chiropractic, acupuncture, home exercise program, NSAIDS, and diagnostic imaging. Currently, the injured worker complains of pain in the left shoulder, the cervical spine, the thoracic spine and the low back at 8/10 on 7/2/15. He reports that his cervical spine pain radiates to the bilateral upper extremities. The injured worker rates his left shoulder pain an 8 on a ten-point scale, his cervical spine pain a 5 on a ten-point scale, his thoracic spine pain a 5 on a ten-point scale and his low back pain a 6 on a ten-point scale. The injured worker reports that his medications allow him to perform activities of daily living and maintain a healthy activity levels. He reports that he uses Hydrocodone for breakthrough pain and notes that his Tramadol decreases his pain 4-5 points on a ten-point scale. His Tramadol allows for increased tolerance to exercises and a greater range of motion. On physical examination, the injured worker has tenderness to palpation over the cervical, thoracic and lumbar spine. He has a diminished sensation in the T9 and T10 dermatomal distribution and positive right straight leg raise. He has spasm of the lumbar paraspinal muscles. The diagnoses associated with the request include cervical spine sprain-strain, rule out cervical spine radiculopathy, lumbar sprain-strain, rule out lumbar spine radiculopathy, right sacroiliitis, and left shoulder subacromial bursitis and impingement with labral tear. The treatment plan includes MRI of the lumbar spine, MRI of the cervical spine, MRI of the thoracic spine, Tramadol, naproxen, Pantoprazole and Cyclobenzaprine. The patient sustained the injury due to MVA. The medication list includes Hydrocodone, Tramadol,

naproxen, Pantoprazole and Cyclobenzaprine. The patient has had MRI of the left shoulder on 7/29/14 that revealed labral tear. The patient has had UDS on 7/2/15 that was consistent. The patient has had history of GI upset with NSAID use. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pantoprazole 20mg #90, date of service: 07/02/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Request-Retrospective request for Pantoprazole 20mg #90, date of service: 07/02/2015. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The patient has had history of GI upset with NSAID use and also the patient is taking naproxen. Therefore, there are significant GI symptoms, along with NSAID use. The request for Retrospective request for Pantoprazole 20mg #90, date of service: 07/02/2015 is medically necessary and appropriate for this patient.

Retrospective request for Cyclobenzaprine 7.5mg #90, date of service: 07/02/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Retrospective request for Cyclobenzaprine 7.5mg #90, date of service: 07/02/2015. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." The injured worker reports that his medications allow him to perform activities of daily living and maintain a healthy activity levels. On physical examination, the injured worker has tenderness to palpation over the cervical, thoracic and lumbar spine. He has a diminished sensation in the T9 and T10 dermatomal distribution and positive right straight leg raise. He has spasm of the lumbar paraspinal muscles. The diagnoses

associated with the request include cervical spine sprain-strain, rule out cervical spine radiculopathy, lumbar sprain- strain, rule out lumbar spine radiculopathy, right sacroiliitis, and left shoulder subacromial bursitis and impingement with labral tear. The patient has had MRI of the left shoulder on 7/29/14 that revealed labral tear. These conditions are prone to intermittent exacerbations and there is objective evidence of muscle spasm. Therefore, with this, it is deemed that, the use of the muscle relaxant retrospective request for Cyclobenzaprine 7.5mg #90, date of service: 07/02/2015 is medically appropriate and necessary in this patient.