

Case Number:	CM15-0183100		
Date Assigned:	09/24/2015	Date of Injury:	03/22/2014
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 45 year old male, who sustained an industrial-work injury on 3-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for left costochondritis, abdominal supraumbilical hernia, lumbar sprain and strain, right knee internal derangement, left knee internal derangement, right and left foot strain and sprain, chronic headaches, ophthalmological complaints and status post umbilical herniorrhaphy on 12-3-14. Medical records dated (4-13-15 to 7-6-15) indicate that the injured worker complains of persistent symptomology and ongoing complaints of pain. There is no documentation of VAS pain scores. Per the treating physician, report dated 4-13-15 the injured worker has not returned to work. The physical exam dated (4-13-15 to 7-6-15 reveals tenderness to palpation to the medial and lateral knees as well as infrapatella bilaterally. There is positive McMurray's test bilaterally. There is mild abdominal tenderness noted with palpation. There is tenderness at the medial ankles bilaterally and there is positive Tinel's at the sinus tarsi. There is tenderness to palpation of the lumbar paraspinals and quadratus lumborum muscles bilaterally. The lumbar range of motion is decreased in all planes. Treatment to date has included pain medication including Fexmid, Naproxen, and Omeprazole (unknown amount of time), diagnostics, hernia surgery, pain management, off of work, activity modifications, and other modalities. There is no urine drug screen reports noted in the records. The request for authorization date was 7-6-15 and requested services included Fexmid 7.5mg #30, Naproxen Sodium 550mg #60, and Pantoprazole 20mg #60. The original Utilization review dated 8-21-15 non-certified the request for Fexmid 7.5mg #30 as per the guidelines muscle relaxants are recommended for a short course of therapy. The request for Naproxen Sodium 550mg #60 was non-certified as the

Non-steroidal anti-inflammatory drug is recommended by the guidelines for the shortest period at the lowest dose for moderate to severe pain. The documentation does not support the efficacy of the medication or how long the injured worker was on the medication, therefore not medically necessary. The request for Pantoprazole 20mg #60 was non-certified as per the guidelines this is a proton pump inhibitor drug used to treat Gastroesophageal reflux disease (GERD) and there is no indication in the documentation that the injured worker has Gastroesophageal reflux disease (GERD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #30: Upheld

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): Muscle relaxants (for pain).

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) 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. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. In this case, the injured worker is far into the chronic phase of injury and in the absence of an acute exacerbation, the request for a muscle relaxants is not supported. The request for Fexmid 7.5mg #30 is not medically necessary and appropriate.

Naproxen Sodium 550mg #60: Upheld

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): Anti-inflammatory medications.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of Naproxen. The request for Naproxen Sodium 550mg #60 is not medically necessary and appropriate.

Pantoprazole 20mg #60: Upheld

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: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient is noted to be 45 years old and there is no indication of history of GERD, peptic ulcer, G.I. bleeding or perforation. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. The request for Pantoprazole 20mg #60 is not medically necessary and appropriate.