

Case Number:	CM15-0186420		
Date Assigned:	09/28/2015	Date of Injury:	09/08/2010
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 41-year-old, male who sustained a work related injury on 9-8-10. A review of the medical records shows he is being treated for low back pain with right leg symptoms and right knee pain. Treatments have included a lumbar epidural steroid injection, right knee injections, physical therapy, and home exercises. Current medications include "none currently." In the progress notes dated 9-3-15, the injured worker reports lower back pain. He has right leg tightness. He has pain in his right knee. He states he has tingling and swelling in his right leg. He states, "The medication helps me." On physical exam, he has hypoesthesia over the right L3 and L2 dermatomes. He has slight pain upon palpation of right knee. He has low back pain with bilateral leg raising. There are no symptoms or complaints of muscle spasms. He has no documented risk factors for-of gastrointestinal issues. He is working modified duty. The treatment plan includes an MRI of the right knee, a request for a lumbar epidural steroid injection and a request for medications. In the Utilization Review, dated 9-17-15, the requested treatments of Pantoprazole 20mg. #60 and Cyclobenzaprine 7.5mg. #90 is both not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg quantity 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: Pantoprazole 20 mg # 60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, misoprostol, or Cox-2 selective agents has been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there are possible, GI effects of another line of agent should be used for example acetaminophen. The claimant has had long-term use with NSAIDs and is not indicated; therefore, a PPI to treat NSAID associated gastritis is not indicated as well. Pantoprazole is not medically necessary.

Cyclobenzaprine 7.5mg quantity 90: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril 10 mg #90 is not medically necessary. CA MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. In addition, there is no documentation of efficacy with the use of this medication. Furthermore, the records note that Flexeril did not provide sufficient pain relief. Thus, the requested Flexeril 10 mg is not medically necessary.