

Case Number:	CM15-0189145		
Date Assigned:	10/01/2015	Date of Injury:	04/30/1998
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 year old female who sustained an industrial injury on 4-30-1998. A review of the medical records indicates that the injured worker is undergoing treatment for opioid type dependence, major depressive affective disorder recurrent episode moderate degree, generalized anxiety disorder and chronic back pain. Medical records (6-19-2015 to 8-20-2015) indicate ongoing low back and bilateral knee pain. According to the progress report dated 9-10-2015, the injured worker had reduced her oxycontin. She reported that depression and anxiety were bad due to stress over her medications being denied. The physical exam (9-10-2015) revealed tenderness in the right buttock. She walked with a mild limp favoring the right leg. Treatment has included exercise and medications. The request for authorization was dated 9-10-2015. The original Utilization Review (UR) (9-17-2015) denied requests for Methocarbamol and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbam 750mg #60 with 4 refills: 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): Carisoprodol (Soma), Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Based on the 8/20/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral knee pain rated 6/10 on VAS scale. The treater has asked for methocarbam [methocarbamol] 750mg #60 with 4 refills on 9/10/15. The patient's diagnosis per request for authorization dated 9/10/15 is GERD. The patient's nasal drainage alternates between green and clear, and has a lot of mucous per 8/20/15 report. The patient has a history of pneumonia per 8/20/15 report. The patient has reduced Oxycontin to 6 per day for the past 3 days per 9/10/15 report. The patient has an exercise program, which includes treadmill, fitness class, yoga, and walking per 9/10/15 report. The patient's work status is not included in the provided documentation. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The patient has been prescribed Methocarbamol since at least 5/20/15, and in reports dated 6/19/15 and 9/10/15. MTUS recommends antispasmodic agents such as Methocarbamol, only for a short period (no more than 2-3 weeks). In combination with prior 4 months of use from UR date of 9/17/15, the current request for Methocarbamol quantity 60 with 4 refills exceeds guideline recommendations. Therefore, the request is not medically necessary.

Pantoprazole 40mg #60 with 4 refills: 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: Based on the 8/20/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral knee pain rated 6/10 on VAS scale. The treater has asked for pantoprazole 40mg #60 with 4 refills on 9/10/15. The patient's diagnosis per request for authorization dated 9/10/15 is GERD. The patient's nasal drainage alternates between green and clear, and has a lot of mucous per 8/20/15 report. The patient has a history of pneumonia per 8/20/15 report. The patient has reduced Oxycontin to 6 per day for the past 3 days per 9/10/15 report. The patient has an exercise program, which includes treadmill, fitness class, yoga, and walking per 9/10/15 report. The patient's work status is not included in the provided documentation. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that PPI is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding

or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." MTUS pg. 69 states "NSAIDs, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." The patient has used Pantoprazole since at least 5/20/15 and in reports dated 6/29/15, 8/20/15, and 9/10/15. The patient is currently taking Ibuprofen and request for authorization associated with 9/10/15 request has a diagnosis of GERD. There was documentation of reflux with presbyesophagus/hiatal hernia from May of 2003 and an esophogram in June of 2003, but no other gastrointestinal symptoms were noted in review of reports dated 5/20/15 to 9/10/15. MTUS does not recommend routine prophylactic use of PPI's along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, the treater does not provide GI assessment to warrant a prophylactic use of a PPI. There is no documentation on the reports as to how the patient is doing with the PPI, and its efficacy. The patient has been taking Pantoprazole for 4 months from UR date of 9/17/15, and the treater does not discuss why this medication should be continued. Hence, the request is not medically necessary.