

Case Number:	CM15-0189259		
Date Assigned:	10/01/2015	Date of Injury:	10/08/2013
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39 year old male who sustained an industrial injury on 10-8-13. A review of the medical records indicates he is undergoing treatment for left ulnar fracture - status post open reduction internal fixation with decreased range of motion and ulnar nerve dystrophy, left shoulder impingement, herniated nucleus pulposus at L4-L5 and L5-S1, cervical herniated nucleus pulposus at C4-5 and C5-6, and abdominal complaints. Medical records (8-31-15) indicate complaints of increased left elbow pain, as well as continued neck and low back pain. The record indicates the "low back is the worst pain at this time." He rates the pain "7 out of 10" without medication use and "5 out of 10" with medication use. The report states that his gastrointestinal symptoms "are improved with use of the PPI" and muscle spasms are decreased with use of the muscle relaxer. The physical exam reveals "mild weakness" in the left hand, otherwise "normal reflex, sensory and power testing to bilateral upper and lower extremities". "Mild" numbness and weakness are noted on the right at C6 and C7. Numbness and weakness are noted on the left at L5 and S1. Straight leg raise and "bowstring" are positive on the left. He is noted to have an antalgic gait. Cervical range of motion is noted to be decreased "about 50%" and lumbar decreased "20%." Diagnostic studies have included x-rays of the cervical spine, left elbow, lumbar spine, and left ribs. MRIs have been completed of the cervical spine, left shoulder, and lumbar spine. Treatment includes modified work duty and medications. His medications include Protonix, Tramadol ER, and Cyclobenzaprine. He has been receiving Protonix and Cyclobenzaprine, at least, since 3-2-15. The utilization review (9-11-15) indicates

a request for authorization including Cyclobenzaprine 7.5mg #60 and Protonix 20mg #60, both with a date of service of 8-31-15. The requested treatments were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid (Cyclobenzaprine) 7.5mg #60 (DOS 8/31/2015): 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), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in October 2013 as the result of a fall from a ladder and underwent ORIF of a left distal ulna fracture. Hardware removal was done in July 2014 and he underwent a left shoulder arthroscopic subacromial decompression in January 2015. When seen, there had been little improvement after an epidural steroid injection. Medications were decreasing pain from 7/10 to 5/10. Gastrointestinal symptoms were being controlled with medications. Physical examination findings included mild left hand numbness and mild numbness and weakness on the right. There was positive left straight leg raising with left L5 and S1 numbness and weakness. There was an antalgic gait. Cervical and lumbar range of motion was decreased. Spurling's testing was positive on the right. There was clawing of the left fourth and fifth fingers. There was mildly decreased left should range of motion. There was cervical and lumbar tenderness with muscle spasms. Medications were decreasing pain by 2-3 VAS points. Cyclobenzaprine and Pantoprazole were prescribed. Tramadol ER had been prescribed four weeks before. Naprosyn had been prescribed in April 2015. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.

Retrospective Protonix (Pantoprazole) 20m3 #60 (DOS 8/31/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter: Proton pump inhibitors (PPIs).

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

Decision rationale: The claimant sustained a work injury in October 2013 as the result of a fall from a ladder and underwent ORIF of a left distal ulna fracture. Hardware removal was done in

July 2014 and he underwent a left shoulder arthroscopic subacromial decompression in January 2015. When seen, there had been little improvement after an epidural steroid injection. Medications were decreasing pain from 7/10 to 5/10. Gastrointestinal symptoms were being controlled with medications. Physical examination findings included mild left hand numbness and mild numbness and weakness on the right. There was positive left straight leg raising with left L5 and S1 numbness and weakness. There was an antalgic gait. Cervical and lumbar range of motion was decreased. Spurling's testing was positive on the right. There was clawing of the left fourth and fifth fingers. There was mildly decreased left shoulder range of motion. There was cervical and lumbar tenderness with muscle spasms. Medications were decreasing pain by 2-3 VAS points. Cyclobenzaprine and Pantoprazole were prescribed. Tramadol ER had been prescribed four weeks before. Naprosyn had been prescribed in April 2015. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant has not been prescribed an oral NSAID for the past four months. The continued prescribing of Protonix (pantoprazole) is not considered medically necessary.