

Case Number:	CM15-0202856		
Date Assigned:	10/19/2015	Date of Injury:	02/08/1995
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, 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 64 year old male who sustained an industrial injury February 8, 1995. Past history included bilateral carpal tunnel release. According to a primary treating physician's follow-up consultation dated September 14, 2015, the injured worker presented with complaints of low back pain, rated 8 out of 10, and increasing left lower extremity symptoms; giving out with gradual crescendo motor and sensory deficit, left lower extremity. Medication facilitated the injured workers ability to perform light household chores, shop for groceries, self-groom and cook and perform exercise regime. The physician documented Hydrocodone 10mg decreases somatic pain on average of 4-5 points out of 10, without side-effects, non-steroidal anti-inflammatory drugs improve range of motion, and Cyclobenzaprine decreases spasm for approximately 4-6 hours. Omeprazole failed 1st line PPI (proton pump inhibitor) no current issue with Pantoprazole medication at current dose, three times per day. Objective findings included; lumbar spine- tenderness, limited range of motion, positive straight leg raise, difficulty arising from a seated position, and gait is slightly antalgic. Diagnosis is documented as protrusion 3mm left L4-5 with L4-L5 neural encroachment. At issue, is the request for authorization for Cyclobenzaprine and Pantoprazole (both since at least July 27, 2015). According to utilization review dated October 8, 2015, the request for Tramadol ER 150mg Quantity: 60, Naproxen Sodium 550mg Quantity: 90 and Urine Toxicology Quantity: 1 (all date of service 09-14-2015) were certified. The request for Cyclobenzaprine 7.5mg Quantity: 90 (date of service 09-14-2015) was modified to Cyclobenzaprine 7.5mg Quantity: 20. The request for Pantoprazole 20mg Quantity: 90 (date of service 09-14-2015) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole 20mg DOS 9-14-15 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on NSAIDS for several months as well along with other PPIs. Long-term use of NSAIDS or PPIs is not justified. Therefore, the continued use of Pantoprazole is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg DOS 9-14-15 quantity 90: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period with NSAID use. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.