

Case Number:	CM15-0206319		
Date Assigned:	10/23/2015	Date of Injury:	05/31/2004
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: Preventive Medicine, Occupational Medicine

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 43 year old male with an industrial injury dated 05-31-2004. A review of the medical records indicates that the injured worker is undergoing treatment for protrusion right L4-5 and right L5-S1 with right L5 and S1 radiculopathy and right hand fifth finger pain. According to the progress note dated 09-01-2015, the injured worker reported low back pain with right lower extremity symptoms, right hand fifth finger pain and generalized abdominal discomfort. Pain level was 5 out of 10 on a visual analog scale (VAS). Objective findings (06-23-2015, 07-14-2015, 09-01-2015) revealed tenderness of right hand fifth finger at metacarpophalangeal (MCP) and proximal interphalangeal joint (PIP), tenderness of the lumbar spine, positive straight leg raises, and diminished sensation at the right L5 and S1 dermatomes. Treatment has included diagnostic studies, prescribed medications (including Flexeril since at least July of 2015, Hydrocodone since at least February of 2015 and Pantoprazole since at least June of 2015), and periodic follow up visits. Urine toxicology report dated 02-03-2015 and 03-31-2015 was inconsistent with prescribed medications. The utilization review dated 10-13-2015, non-certified the request for Pantoprazole 20mg #60 and modified the request for Hydrocodone 10mg#81 (original: #90) and Cyclobenzaprine 7.5mg #81 (original: #90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as Pantoprazole in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of gastrointestinal events. The request for Pantoprazole 20mg #60 is determined to not be medically necessary.

Hydrocodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed this medication since at least February-2015, without continued objective documentation of pain relief and functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone 10mg #90 is determined to not be medically necessary.

Cyclobenzaprine 7.5mg #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), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that

the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has been prescribed this medication since July 2015 which is not supported by the guidelines. In addition, there is no objective evidence of acute spasm to warrants the use of cyclobenzaprine. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5mg #90 is determined to not be medically necessary.