

Case Number:	CM15-0207019		
Date Assigned:	10/23/2015	Date of Injury:	08/17/1996
Decision Date:	12/11/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 55 year old female, who sustained an industrial injury on 8-17-1996. Medical records indicate the worker is undergoing treatment for chronic low back pain and lumbar disc displacement without myelopathy. A recent progress report dated 9-8-2015, reported the injured worker complained of right hip, right knee and right ankle pain, rated 0-4 out of 10 with medications and 7 out of 10 without medications. The injured worker also notes constipation and nausea, but denied heartburn. Physical examination revealed an antalgic gait and she ambulates without assistance. Right hip magnetic resonance imaging showed a labral tear and a chondral defect in the right knee. Treatment to date has included lumbar fusion, lumbar facet injections, 6 sessions of physical therapy, Norco, Tramadol, Protonix, Flexeril and Docusate Sodium. The physician is requesting Pantoprazole-Protonix 20mg #60, Docusate Sodium 100mg #60 and Cyclobenzaprine-Flexeril 7.5mg #90. On 9-18-2015, the Utilization Review noncertified the request for Pantoprazole-Protonix 20mg #60, Docusate Sodium 100mg #60 and Cyclobenzaprine-Flexeril 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 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 makes the following recommendations for the use of proton pump inhibitors: Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. Recommendations: Injured workers with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Injured workers at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Injured workers at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk, the suggestion is naproxyn plus low-dose aspirin plus a PPI. Cardiovascular disease: A non-pharmacological choice should be the first option in injured workers with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short-term needs. An opioid also remains a short-term alternative for analgesia. Major risk factors (recent MI, or coronary artery surgery, including recent stent placement): If NSAID therapy is necessary, the suggested treatment is naproxyn plus low-dose aspirin plus a PPI. Mild to moderate risk factors: If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. If naproxyn is ineffective, the suggested treatment is (1) the addition of aspirin to naproxyn plus a PPI, or (2) a low-dose Cox-2 plus ASA. According to the records available for review, the injured worker does not meet any of the guidelines required for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.

Docusate Sodium 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Docusate.

Decision rationale: According to the ODG, Docusate is medically indicated for signs and symptoms of constipation as a prophylactic treatment. According to the documents available for

review, the IW currently is diagnosed with constipation. Therefore, the requirement for treatment has been met and the request is medically necessary.

Cyclobenzaprine-Flexeril 7.5mg #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): Muscle relaxants (for pain).

Decision rationale: According to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is greatest the first four days of treatment, suggesting a shorter course may be better. This medication is not recommended as an addition to other medications. Longer courses of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use may lead to dependence. According to the records, the injured worker has been taking this medication chronically. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.