

Case Number:	CM15-0207279		
Date Assigned:	10/26/2015	Date of Injury:	07/27/2015
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
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: California, North Carolina

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 34 year old male, who sustained an industrial injury on 07-27-2015. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for depression, carpal tunnel syndrome, radiculopathy, cervical sprain-strain, knee sprain-strain, lumbar sprain-strain, and wrist sprain-strain. Treatment and diagnostics to date has included medications. Recent medications have included compound creams, Pantoprazole, Cyclobenzaprine, and Diclofenac (all since at least 08-28-2015). Subjective data (08-28-2015), included neck and wrist-hand pain. Objective findings (08-28-2015) included positive Phalen's test bilaterally with tenderness to palpation, tenderness to palpation and spasm to cervical spine, and tenderness to palpation to lumbar spine and knee. The request for authorization dated 09-16-2015 requested Pantoprazole 20mg #60 1 tablet by mouth twice daily to protect the stomach, Cyclobenzaprine 7.5mg #90 1 tablet by mouth twice daily to relax the muscles, Diclofenac 100mg #60 1 tablet by mouth twice daily for pain and inflammation, and compound creams. The Utilization Review with a decision date of 09-25-2015 non-certified the request for Cyclobenzaprine 7.5mg #90 1 tablet by mouth twice daily to relax the muscles, Diclofenac 100mg #60 1 tablet by mouth twice daily for pain and inflammation, and Pantoprazole 20mg #60 1 tablet by mouth twice daily to protect the stomach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for Flexeril, a muscle relaxant recommended for short-term use only. Limited, mixed evidence does not allow for a recommendation for chronic use. MTUS Guidelines state that muscle relaxants are recommended as second-line options for short-term treatment of acute exacerbations of pain in patients with chronic low back pain. Maximum effect occurs during the first 3-4 days of treatment, and guidelines recommend usage of no more than 2-3 weeks. In this case, there is no documentation of trial and failure of first-line agents and the usage exceeds recommended guidelines. There is also no discussion of efficacy or functional improvement with Flexeril. Therefore, the request is not medically necessary or appropriate.

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request is for Diclofenac (Voltaren), an NSAID indicated for the treatment of inflammatory pain. NSAIDs are indicated for use at the lowest dose for the shortest period of time. In this case, Diclofenac is being used on a chronic basis and there is no evidence of attempt to reduce the dosage. There appears to be no plan to use the medication at its lowest dose for the shortest period of time. Further, there is no evidence that the patient's pain is inflammatory in origin. Long-term use of NSAIDs is associated with possibility of significant GI and cardiovascular adverse events. Therefore, the request is not medically necessary or appropriate.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for Pantoprazole, a proton pump inhibitor (PPI) indicated for treatment of GI disorders such as PUD and GERD. In this case the Pantoprazole is being requested to "protect the stomach" due to the patient taking the NSAID Diclofenac. The Diclofenac request has been denied, however, so there is no longer a need for Pantoprazole. In addition, there is no documentation of GI symptoms, such as dyspepsia, to warrant the use of Pantoprazole. Also, the patient does not appear to be at risk for a GI event (age over 65 years, history of PUD, GI hemorrhage or perforation, concomitant use of ASA, corticosteroids or anti-coagulants, or use of high dose/multiple NSAIDs). Therefore, the request is not medically necessary or appropriate.