

Case Number:	CM15-0208794		
Date Assigned:	10/27/2015	Date of Injury:	01/03/2014
Decision Date:	12/11/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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: Physical Medicine & Rehabilitation

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 January 3, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post right carpal tunnel release (02-19-15), status post left carpal tunnel release (June 2013), L5-S1 lumbar radiculopathy, cervical myofascial pain and rule out cervical disc injury. Treatment to date has included diagnostic studies, surgery, Tramadol, cyclobenzaprine, naproxen, pantoprazole and hydrocodone. Cyclobenzaprine was indicated for treatment as far back in the medical record reviewed as February 13, 2015. Naproxen and pantoprazole were indicated for treatment as far back in the medical record reviewed as February 27, 2015. On September 9, 2015, the injured worker complained of right wrist pain rated 5 on a 1-10 pain scale, low back pain with lower extremity symptoms rated 5 on the pain scale and cervical pain rated 5 on the pain scale. The injured worker also complained of increasing left wrist and hand pain rated 7 on the pain scale. The pain was described as burning. His NSAID medication was noted to facilitate improved range of motion and additional 3-4 point average on scale of 10 reduction in pain. He denies gastrointestinal upset with his proton pump inhibitor at current dosage. Cyclobenzaprine was noted to decrease spasm for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise and additional decrease in overall pain level average 3-4 points on scale of 10. The treatment plan included shockwave therapy, physical therapy, continue custom orthotics, foam roller, hydrocodone, naproxen sodium, pantoprazole, cyclobenzaprine and a follow-up visit. On October 8, 2015,

utilization review denied a request for naproxen 550mg #90, pantoprazole 20mg #90 and cyclobenzaprine 7.5mg #90. A request for hydrocodone 10-325mg #60 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 09/09/15 progress report provided by treating physician, the patient presents with pain to the bilateral wrists, low back pain with lower extremity symptoms and cervical pain. The patient is status post left carpal tunnel release in June 2013 and right carpal tunnel release 02/09/15. The request is for Naproxen 550mg #90. RFA's dated 07/24/15 and 10/02/15 provided. Patient's diagnosis on 09/09/15 includes lumbar radiculopathy, electrodiagnostically positive L5-S1, and cervical myofascial pain, rule out cervical disc injury. Physical examination on 09/09/15 revealed tenderness to palpation to the lumbar spine and positive straight leg raise. Tenderness noted to the cervical spine. Positive Tinel's noted to left wrist. Treatment to date has included surgery, electrodiagnostic studies, and medications. Patient's medications include Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily totally disabled, per 09/09/15 report. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been included in patient's medications per progress reports dated 05/15/15, 08/07/15, and 09/09/15. It is not known when this medication was initiated. Per 09/09/15 report, treater states "...functional improvement with the medication onboard as well as greater adherence to proper exercise and activity level...Greater range of motion with medication. ADL's maintained with medication discussed including very light household duties such as laundry, shopping for necessities, simple cooking... Naproxen sodium 550mg at tid dosing does decrease pain average of three-four points." Given patient's continued pain and documentation of functional improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Pantoprazole 20mg #90: Overturned

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: Based on the 09/09/15 progress report provided by treating physician, the patient presents with pain to the bilateral wrists, low back pain with lower extremity symptoms and cervical pain. The patient is status post left carpal tunnel release in June 2013 and right carpal tunnel release 02/09/15. The request is for Pantoprazole 20mg #90. RFA's dated 07/24/15 and 10/02/15 provided. Patient's diagnosis on 09/09/15 includes lumbar radiculopathy, electrodiagnostically positive L5-S1, and cervical myofascial pain, rule out cervical disc injury. Physical examination on 09/09/15 revealed tenderness to palpation to the lumbar spine and positive straight leg raise. Tenderness noted to the cervical spine. Positive Tinel's noted to left wrist. Treatment to date has included surgery, electrodiagnostic studies, and medications. Patient's medications include Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily totally disabled, per 09/09/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Naproxen and Pantoprazole have been included in patient's medications per progress reports dated 05/15/15, 08/07/15, and 09/09/15. It is not known when this medication was initiated. Per 09/09/15 report, treater states "...functional improvement with the medication onboard as well as greater adherence to proper exercise and activity level...Greater range of motion with medication. ADL's maintained with medication discussed including very light household duties such as laundry, shopping for necessities, simple cooking... Patient is at 'intermediate risk' for development of adverse GI events provided GI history... Recall history of GI upset with NSAID without PPI, PPIqd and bid dosing, however no presence of GI upset with PPI at tid dosing. Recall failed first line PPI, omeprazole, as was non-efficacious; patient did continue to appreciate occasional GI. Pantoprazole however does facilitate safe and effective adherence to NSAID consumption without GI upset therefore decreasing risk factors." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. Treater has documented gastric problems and medication efficacy for which prophylactic use of PPI is indicated. This request appears reasonable and in accordance with guideline indications. Therefore, the request is medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 09/08/2015.

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

Decision rationale: Based on the 09/09/15 progress report provided by treating physician, the patient presents with pain to the bilateral wrists, low back pain with lower extremity symptoms and cervical pain. The patient is status post left carpal tunnel release in June 2013 and right carpal tunnel release 02/09/15. The request is for Cyclobenzaprine 7.5mg #90. RFA's dated 07/24/15 and 10/02/15 provided. Patient's diagnosis on 09/09/15 includes lumbar radiculopathy, electrodiagnostically positive L5-S1, and cervical myofascial pain, rule out cervical disc injury. Physical examination on 09/09/15 revealed tenderness to palpation to the lumbar spine and positive straight leg raise. Tenderness noted to the cervical spine. Positive Tinel's noted to left wrist. Treatment to date has included surgery, electrodiagnostic studies, and medications. Patient's medications include Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily totally disabled, per 09/09/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Cyclobenzaprine has been included in patient's medications per progress reports dated 05/15/15 and 09/09/15. It is not known when this medication was initiated. Per 09/09/15 report, treater states "...functional improvement with the medication onboard as well as greater adherence to proper exercise and activity level...Greater range of motion with medication. ADL's maintained with medication discussed including very light household duties such as laundry, shopping for necessities, simple cooking... Cyclobenzaprine decreases spasm markedly with resultant objective improvement for approximately 4-6 hours with additional 2-3 point average diminution in pain..." However, MTUS recommends Cyclobenzaprine only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 05/15/15, which is almost 5 months from UR date of 10/08/15. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, this retrospective request is not medically necessary.