

Case Number:	CM15-0020102		
Date Assigned:	02/09/2015	Date of Injury:	01/15/2009
Decision Date:	12/09/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey

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 63-year-old male, who sustained an industrial injury on 1-15-2009. The medical records indicate that the injured worker is undergoing treatment for status post left shoulder arthroscopy (7-27-2011), status post right shoulder arthroscopy (11-13-2013), neck sprain, cervical disc displacement without myelopathy, and rotator cuff sprain. According to the progress report dated 11-10-2014, the injured worker presented with complaints of right shoulder pain. On a subjective pain scale, he rates his pain 5 out of 10. The physical examination of the right shoulder reveals decreased range of motion. The current medications are Flexeril, Protonix (since at least 3-31-2014), Voltaren, and Ultram. Previous diagnostic studies include x-rays of the right shoulder and MRI of the cervical spine. Treatments to date include medication management and surgical intervention. Work status is described as modified duty. The original utilization review (1-29-2015) had non-certified a request for Flexeril 7.5mg #90 and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 Refills: 2: 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: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having regularly taken Flexeril chronically leading up to this request for continued chronic regular use, which is not recommended for this drug class. There was also no report found showing functional gains and pain level reduction related to Flexeril use. Nor was there any documentation of muscle spasm to warrant this medication. Therefore, Flexeril will be considered medically unnecessary.

Protonix 20mg #60 Refills: 2: 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 section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was record of Voltaren and Protonix use. It was not clearly stated in the notes provided for review any history or factors, which might have placed this worker at an elevated risk for gastrointestinal events to warrant ongoing Protonix, use, and it was not clearly stated as to why Protonix was chosen over other similar medications which would be considered first-line for acid reduction. Therefore, without more clear justification for this medication and due to the significant potential side effect profile of chronic use, the Protonix will be considered medically unnecessary. Weaning may be indicated.