

Case Number:	CM15-0020338		
Date Assigned:	02/09/2015	Date of Injury:	01/03/2014
Decision Date:	04/03/2015	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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38-year-old male who reported an injury on 01/03/2014. The medications in question had previously been submitted for review with non-certification for all of them. There was no indication of what risk factors the injured worker presented to support the use of pantoprazole with no evidence of a trial lansoprazole prior to using omeprazole and there was no evidence of acute exacerbation of his symptoms to support the ongoing use of cyclobenzaprine. The injured worker's medical history included status post left carpal tunnel release performed in 06/2014 with 12 postoperative physical therapy sessions having been completed. He had rendered totally and temporarily disabled and continued to complain of significant numbness and pain in his right hand. As of 12/12/2014, the injured worker rated his pain level as a 6/10 for his left wrist and hand, as well as his low back pain. His cervical spine pain was rated as 5/10 with the indication that his ADLs were maintained with his current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Under the California MTUS Guidelines, proton pump inhibitors may be appropriate for injured workers who have GI issues related to medication use. The most recent clinical documentation was dated from 12/2014 without any current clinical notes identifying any gastrointestinal problems with the use of medications for this injured worker. Therefore, without having documentation of a comprehensive physical examination with indications of GI issues related to the use of oral medications, the current request cannot be considered medically appropriate. Therefore, the medical necessity has not been established.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Under the California MTUS Guidelines, long term use of Cyclobenzaprine is not supported. In the case of this injured worker, there were no current clinical documentations identifying any spasticity related to any area of the body necessitating ongoing use of Cyclobenzaprine. Therefore, without having a comprehensive examination to assess recent accounts of the injured worker's pathology, the request cannot be supported. Therefore, the medical necessity has not been established.

Ondansetron 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter:Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron (Zofran)½).

Decision rationale: According to the Official Disability Guidelines, this medication is not recommended for use in treatment of nausea related to chronic opioid use. Without having current clinical documentation identifying the injured worker's medication list/regimen or any indication of side effects from the use of medications, to include opioids, the request is not considered appropriate. Therefore, the medical necessity has not been established.