

Case Number:	CM15-0022827		
Date Assigned:	02/13/2015	Date of Injury:	11/11/2008
Decision Date:	04/16/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 11, 2006. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for Naprosyn, Protonix, and Flexeril apparently prescribed and dispensed on or around an office visit of November 7, 2014. The applicant was status post a total knee arthroplasty on March 7, 2014, the claims administrator acknowledged. The claims administrator referenced a December 10, 2014 progress notes in its determination. The applicants attorney subsequently appealed. On August 8, 2014, the applicant reported ongoing complaints of bilateral knee pain, 3/10. The applicant was using Norco 2 to 3 times daily. The applicant was reportedly using Flexeril for muscles spasms. The attending provider suggested that the applicant was using Protonix for gastric protective as opposed to for actual symptoms of reflux. The applicant was given proscriptive work restrictions, which were resulting in her removal from workplace, the treating provider acknowledged. The applicant was having difficulty with tasks as basic as ambulating, it was acknowledged. The applicant was 62 years old as of the date of the utilization review report, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg #90 dispensed on 12/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: No, the request for Naprosyn, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Naprosyn, an anti-inflammatory medication, is indicated in the treatment of arthritis, as was present here in performing the applicant's bilateral knee arthritis, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was seemingly off of work as of date in question. The applicant was still having difficulty performing job task including ambulating, kneeling, squatting, the treating provider reported. Ongoing usage of Naprosyn had failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was still using at a rate of two to three tablets daily, the treating provider acknowledged. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Retrospective Pantoprazole 20mg, #90 dispensed on 12/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

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

Decision rationale: Similarly, the request for Protonix (pantoprazole), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's documentation suggested that Protonix was being given for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Protonix. Specifically, the applicant is not age 65 years of age and using NSAIDs (age 62), is only using one NSAID, Naprosyn, as opposed to multiple NSAIDs, is not using NSAIDs in conjunction with corticosteroids, does not have a documented history of GI bleeding or peptic ulcer disease. Prophylactic usage of Protonix, thus, was not indicated here. Therefore, the request was not medically necessary.

Retrospective Cyclobenzaprine 7.5mg, #90 dispensed on 12/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: Finally, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using a variety of other agents, including Norco and Naprosyn. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.