

Case Number:	CM15-0023553		
Date Assigned:	02/13/2015	Date of Injury:	04/03/2014
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, California
 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 57 year old male, who sustained an industrial injury on 4/03/2014. The diagnoses have included L5-S1 protrusion with right L5 radiculopathy and moderate facet osteoarthopathy at L5-S1. Treatment to date has included physical therapy, medications, activity restrictions, TENS unit, lumbosacral orthosis (LSO) brace, moist heat, cold therapy and exercise. Magnetic resonance imaging (MRI) of the lumbar spine dated 6/02/2014 showed moderate facet osteoarthopathy at L5-S1. EMG (electromyography)/NCV (nerve conduction studies) of the lower extremities dated 6/20/2014 were unremarkable. Currently, the IW complains of low back pain with right lower extremity symptoms. The pain is rated as 6/10. Objective findings included tenderness and restricted range of motion lumbar spine. Straight leg raise is positive on the right for pain to foot. On 1/26/2015, Utilization Review non-certified a request for Naproxen Sodium 550mg #90, Pantoprazole 20mg #90 and Cyclobenzaprine 7.5mg #90 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/09/2015, the injured worker submitted an application for IMR for review of Naproxen Sodium 550mg #90, Pantoprazole 20mg #90 and Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen sodium 550mg #90 DOS: 11/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months in combination with Tramadol (opioid). Although there was documentation of pain reduction with both medications cumulatively, there was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required the use of a PPI while on NSAID for GI protection. Continued use of Naproxen is not medically necessary.

Retrospective Pantoprazole 20mg #90 DOS: 11/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant is only noted to have an upset stomach while on NSAIDs. In addition, further use of Naproxen is not necessary. Therefore, the continued use of Pantoprazole is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg #90 DOS: 11/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other

agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with NSAIDs and opioids. Continued use is not medically necessary.