MAXIMUS Federal Services

Case Number:	CM15-0028671		
Date Assigned:	02/20/2015	Date of Injury:	08/24/2012
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: Massachusetts
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 was a 60-year-old male, who sustained an industrial injury, August 24, 2012. The injured worker previously received the following treatments Tramadol ER, Nalfon, Flexeril, Protonix, icing, physical therapy and right knee surgery November 2014. The injured worker was diagnosed with discogenic lumbar condition with facet inflammation and right sided radiculopathy and right knee internal derangement. According to progress note of January 26, 2015, the injured workers chief complaint was right knee. The injured worker was going to physical therapy. The pain was 60% better. The injured worker walked with a cane. The back pain radiated to the right knee. The pain was worse with suiting for some time or lying down after 20 minutes. The injured worker described the pain as burning sensations when moving after a long period of sitting. The physical exam noted pain on right side facet loading of the back. Knee extension was full and flexion of 110 degrees. On January 26, 2015, the treatment plan included prescription renewals for Flexeril and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for back and right knee pain. Treatments included right knee surgery. He is noted to ambulate with a cane. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Pantoprazole was not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 43.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for back and right knee pain. Treatments included right knee surgery. He is noted to ambulate with a cane. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.