

Case Number:	CM15-0219403		
Date Assigned:	11/12/2015	Date of Injury:	06/29/2012
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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] employee who has filed a claim for chronic low back pain (LBP), reportedly associated with an industrial injury of June 29, 2012. In a Utilization Review report dated October 21, 2015, the claims administrator failed to approve requests for Flexeril and Protonix. An RFA form and progress note dated October 6, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On July 21, 2015 Norco, Neurontin, Motrin, Flexeril, Protonix, and Terocin were all seemingly prescribed. The applicant reported ongoing issues with neck, low back, hip, foot, wrist, forearm pain. The treating provider reported that the applicant was placed off of work, on total temporary disability. The treating provider suggested that Protonix was being employed for cytoprotective effect purposes (as opposed to for actual symptoms of reflux). On October 6, 2015, the applicant was, once again, placed off of work, on total temporary disability. Norco, Neurontin, Protonix, Flexeril, and Motrin were prescribed and/or dispensed. Multifocal pain complaints were noted. The treating provider again stated that Protonix was being employed for cytoprotective effect purposes (as opposed to for actual symptoms of reflux).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #90: 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): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for Flexeril was 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 deemed not recommended. Here, the applicant was, in fact, using a wide variety of agents to include Norco, Motrin, Neurontin, etc. The addition of the cyclobenzaprine or Flexeril to the mix was not indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 90-tablet supply of Flexeril at issue, in and of itself, represented 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.

Protonix 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for Protonix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated on his October 6, 2015 office visit that Protonix was being employed for cytoprotective purposes (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 proton pump inhibitors, which include evidence that an applicant aged 65 years of age or greater and using NSAIDs, evidence that an applicant using multiple NSAIDs, evidence that an applicant is using NSAIDs in conjunction with corticosteroids, and/or evidence that an applicant has a history of prior GI bleeding and a peptic ulcer disease. Here, however, the applicant was less than 65 years of age (age 34), was only using one NSAID, Motrin, was not seemingly using NSAIDs in conjunction with corticosteroids, had no stated history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.