

Case Number:	CM15-0224847		
Date Assigned:	11/23/2015	Date of Injury:	01/14/2013
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female with a date of injury on 1-14-13. A review of the medical records indicates that the injured worker is undergoing treatment for neck, back and bilateral knee pain. Progress report dated 10-13-15 reports continued complaints of constant, sharp lumbar spine pain that increases with prolonged standing and sitting. She states the pain has increased. She had complaints of sharp cervical pain with stiffness. She also has complaints of constant, sharp bilateral knee pain associated with stiffness. The pain is rated 7-8 out of 10 without medications and 6-7 out of 10 with medications. Objective findings: lumbar and cervical spine have tenderness and spasm on palpation and range of motion is limited, she has had a change in her gait, bilateral knee have tenderness on palpation, range of motion is limited and are positive for crepitus. Treatment includes: medication, physical therapy, cortisone injections, supartz injections, left hinged knee brace. According to the medical records she has been taking Cyclobenzaprine since at least 2013 and Pantoprazole Sodium since at least July 2015. Request for authorization was made for Cyclobenzaprine 7.5 mg quantity 100 and Pantoprazole Sodium 20 mg quantity 60. Utilization review dated 10-20-15 modified the request to certify Cyclobenzaprine 7.5 mg quantity 50 and non-certified Pantoprazole Sodium 20 mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: This 53 year old female has complained of neck pain, knee pain and low back pain since date of injury 01/14/2013. She has been treated with physical therapy, steroid injections, supartz injections and medications to include Cyclobenzaprine (Flexeril) since at least 12/2013. The current request is for Flexeril. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. On the basis of the available medical records and per the MTUS guidelines cited above, Cyclobenzaprine is not medically necessary for this patient.

Pantoprazole Sodium 20mg #60: Upheld

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

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

Decision rationale: This 53 year old female has complained of neck pain, knee pain and low back pain since date of injury 01/14/2013. She has been treated with physical therapy, steroid injections, supartz injections and medications to include Pantoprazole since at least 07/2015. The current request is for Pantoprazole. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. Co-therapy with an NSAID is not indicated in patients other than those at higher risk, as described in the MTUS. No reports describe the specific risk factors present in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Pantoprazole is not medically necessary based on lack of medical necessity according to the MTUS, and risk of toxicity.