

Case Number:	CM15-0030091		
Date Assigned:	02/23/2015	Date of Injury:	02/20/2013
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 46 year old male who sustained an industrial related injury on 2/20/13. The injured worker had complaints of thigh spasms. Diagnoses included right knee symptoms, right elbow spraining injury, and possible lumbar radiculopathy. Treatment included physical therapy. Medications included Naproxen. The treating physician requested authorization for Fexmid 1.5mg #60 and Protonix 20mg #60. On 1/14/15 the requests were non-certified. Regarding Fexmid, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted the documentation states that the injured worker will exceed the recommended duration. Therefore the request was non-certified. Regarding Protonix, the UR physician cited the Official Disability Guidelines and noted there was no documentation that the injured worker has failed a trial of first line proton pump inhibitors. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (cyclobenzaprine) 7.5mg Qty: 60.00: 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 Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 46 year old male with a date of injury of 02/20/2013. He has knee, elbow and back pain. He has been treated with physical therapy and medications, including Naproxen. MTUS guidelines note that long term treatment with muscle relaxants is not medically necessary and that there is no additional efficacy combining muscle relaxants to treatment with NSAIDS for long term treatment. Fexmid is not medically necessary.

Protonix (pantoprazole) 20mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain.

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

Decision rationale: The patient is a 46 year old male with a date of injury of 02/20/2013. He has knee, elbow and back pain. He has been treated with physical therapy and medications, including Naproxen. Protonix is a proton pump inhibitor (PPI). The patient does not have a high risk of GI bleeding and does not meet MTUS guidelines for treatment with a PPI because he is not 65 years of age or older and has no history of peptic ulcer disease, GI bleeding or use of anticoagulants. Protonix is not medically necessary for this patient.