

Case Number:	CM15-0037239		
Date Assigned:	03/05/2015	Date of Injury:	05/23/2014
Decision Date:	04/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 48 year old female, who sustained an industrial injury on 5/23/14. She reported a back injury after she fell backwards onto her back, due to her heel getting caught in a computer cable. At the time, she had been bending, twisting, and reaching out to plug in a dialysis machine while working as a dialysis technician. The diagnoses have included lumbar degenerative disc disease (DDD) and rule out lumbar radiculopathy. Treatment to date has included medications, physical therapy for 6 sessions, diagnostics, and Home Exercise Program (HEP). Currently, as per the orthopedic evaluation primary physician progress note dated 12/23/14, the injured worker complains of low back pain with right lower extremity symptoms, which were worsening with pain rated 7/10 on pain scale. She complains of increased weakness in the right lower extremity with instability and near falls. The physical exam revealed difficulty arising from a sitting position, tenderness with spasm noted of the lumbar spine, and decreased lumbar range of motion. The lower extremity neurological exam revealed right side weaker than the left, diminished sensation on the right, and positive straight leg raise with pain to foot. The current medications were not noted. The treatment plan included request for additional physical therapy, prescription for hydrocodone, dispensed naproxen, pantoprazole, and cyclobenzaprine. A random urine drug screen was performed. The work status was temporary totally disabled. On 2/3/2015, Utilization Review non-certified pantoprazole 20 mg, ninety count, and cyclobenzaprine 7.5 mg, ninety count, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg, ninety count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited CA MTUS guidelines, a proton pump inhibitor (PPI), such as pantoprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician note, the injured worker is on a NSAID, but it is not clear why the injured worker meets any of the criteria for being at risk for an intermediate GI event. The physician states that she has positive GI risk factors per discussion and in accordance with MTUS, but nowhere are the reasons specifically listed. Advise the specific reasons to be listed in future notes. The request for pantoprazole 20 mg #90 is medically necessary.

Cyclobenzaprine 7.5 mg, ninety count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 41-42 and 64.

Decision rationale: Per the cited MTUS guideline, cyclobenzaprine is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker (IW) has had improvement in spasm and decreased pain with medications. The IW denies somnolence, lethargy, or cognitive effects. Recommend weaning as directed per guidelines. Based on the available medical records and MTUS cited, the request for cyclobenzaprine 7.5 mg #90 is medically necessary at this time.