

Case Number:	CM15-0083860		
Date Assigned:	05/06/2015	Date of Injury:	11/06/2013
Decision Date:	07/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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 47-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 6, 2013. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve requests for pantoprazole, brand name Protonix, Flexeril, and Lidoderm patches. The claims administrator referenced a RFA form received on April 9, 2015 in its determination. The claims administrator, however, approved Norco through the same review. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant was asked to continue generic pantoprazole, brand name Protonix, Flexeril, Norco, and Lidoderm patches. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. It was suggested that the applicant was considering further knee surgery status post one prior knee arthroscopy. The treating provider did not state why the applicant was concurrently being given two separate proton pump inhibitors, namely generic pantoprazole and/or brand name Protonix. There was no mention, moreover, that the applicant was having any issues with reflux, heartburn, and/or dyspepsia on this date. Medication efficacy was not discussed in any way. On May 7, 2015, the applicant reported residual complaints of knee pain status post knee corticosteroid injection on April 6, 2015. The applicant was using a cane to move about. The applicant had completed physical therapy. The applicant was given prescriptions for Relafen and tramadol. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. It was stated that omeprazole was being given for gastric protective effect as opposed to for actual symptoms of reflux. The applicant apparently underwent a left knee arthroscopy with medial meniscectomy, synovectomy, and chondroplasty on March 4,

2015. On January 22, 2015, the applicant primary treating provider furnished the applicant with prescriptions for naproxen, brand name Protonix, generic pantoprazole, Flexeril, Norco, and Lidoderm patches, again without any explicit discussion of medication efficacy. The applicant was placed off of work.

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 Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page(s): 69.

Decision rationale: No, the request for pantoprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as pantoprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in multiple progress notes, referenced above. Therefore, the request was not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management page(s): 7.

Decision rationale: Similarly, the request for brand name Protonix was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, the attending provider did not state why he was providing the applicant with two separate prescriptions for what amounted to the same agent, i.e., brand name Protonix in conjunction with generic pantoprazole. The attending provider failed to furnish a clear or compelling rationale for such usage. It is further noted that while the applicant's secondary treating provider, an orthopedist, was furnishing the applicant with prescription for omeprazole (Prilosec) at the same time that the applicant was receiving both brand-name Protonix and generic pantoprazole from the primary treating provider. Therefore, the request was not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) page(s): 41.

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise 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 not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Relafen, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril at issue represents 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.

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine ; Pain Mechanisms page(s): 112; 3.

Decision rationale: Finally, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. It is further noted that the applicant's presentation was suggestive of mechanical knee pain status post earlier knee surgery. The applicant's presentation was not, thus, suggestive of neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by symptoms such as lancinating, electric shock like, numbing, tingling, and/or burning sensations, i.e., symptoms which were not reported here. Therefore, the request was not medically necessary.