

Case Number:	CM15-0085016		
Date Assigned:	05/07/2015	Date of Injury:	03/31/2011
Decision Date:	06/23/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/04/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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(n) 59-year-old male, who sustained an industrial injury on 3/31/11. He reported pain in his left knee and lower back. The injured worker was diagnosed as having knee pain, lumbar degenerative disc disease, lumbar radiculopathy, lumbago, chronic pain disorder, sleep apnea, anxiety and depression. The MRI of the lumbar spine showed multilevel degenerative changes, scoliosis, disc bulges and contact with L5 nerve root. Treatment to date has included physical therapy, arthroscopic surgery, cortisone injection and oral medications. On 10/2014, the injured worker broke a hip. As of the PR2 dated 3/30/15, the injured worker reports current medications are working well for him. He still has chronic pain in both knees and back that limit his functional capacity. The treating physician requested Diclofenac 100mg #60, Cyclobenzaprine 7.5mg #90 and Pantoprazole 20mg #60. The last request for lumbar epidural injection was not certified. The other medications listed are Wellbutrin and Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic treatment with NSAIDs can lead to renal, cardiac and gastrointestinal complications. The guidelines recommend that the lowest possible dose be utilized to minimize the risk of complication. The records show that the patient have significant musculoskeletal pain that is responding to treatment. The utilization of medications enables the patient to increase ADL. The criteria for the use of Diclofenac 100mg #60 was met. Therefore, the request is medically necessary.

Cyclobenzaprine 7.5mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can lead to tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records show that the patient had utilized muscle relaxants longer than the guidelines recommended 4 to 6 weeks periods. There is co-existing diagnosis of daytime somnolence and sleep apnea that is being treated with CPAP and Nuvigil. The utilization of further sedative muscle relaxants will further exacerbate the conditions. The criteria for the use of cyclobenzaprine 7.5mg #90 was not met. Therefore, the request is not medically necessary.

Pantoprazole 20mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAID induced gastrointestinal disease. The chronic treatment with NSAIDs can lead to gastrointestinal complications in patients with a history of gastrointestinal disease. The guidelines recommend that the lowest possible dose of NSAIDs be utilized to minimize the risk of complication. The records show that the patient have significant musculoskeletal pain that is responding to treatment. The utilization of medications enables the patient to increase ADL. There is a history of significant GERD. The criteria for the use of pantoprazole 20mg #60 was met. Therefore, the request is medically necessary.