

Case Number:	CM14-0110989		
Date Assigned:	09/16/2014	Date of Injury:	03/30/2000
Decision Date:	11/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old male who reported an injury on 03/30/2000 after he jumped from a ladder that was not working. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications, work restrictions, rest, assistive devices for ambulation, heat and cold application, immobilization, a home exercise program, chiropractic care, physical therapy, injections, and surgeries. The injured worker developed ongoing chronic low back pain. The injured worker was evaluated on 06/02/2014. It was documented that the injured worker had tenderness to palpation and limited range of motion of the lumbar spine. The injured worker rated his pain at a 7/10. The injured worker's diagnoses included sprain of the lumbar region. The injured worker's treatment plan included continued home exercise program and continued medication usage. The injured worker's medications were noted to be Flexeril, Protonix, and Ultram. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, one tablet daily as needed, #60 with three refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Proton Pump Inhibitors

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

Decision rationale: The requested Protonix 20mg, one tablet daily as needed, #60 with three refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation indicates that the injured worker has been taking this medication since at least 09/2013. An adequate evaluation of the injured worker's gastrointestinal system was not provided to support that the injured worker is at risk for developing gastrointestinal related events. Additionally, the clinical documentation submitted for review does not provide an adequate assessment to support that the injured worker's treatment history using this medication has been effective. Therefore, ongoing use would not be supported in this clinical situation. As such, the requested Protonix 20mg, one tablet daily as needed, #60 with three refills is not medically necessary or appropriate.

Flexeril 7.5mg, one table t two times daily as needed, #60 with three refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Muscle Relaxants (for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 78.

Decision rationale: The requested Flexeril 7.5mg, one table t two times daily as needed, #60 with three refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for chronic pain. California Medical Treatment Utilization Schedule recommends the use of Flexeril be limited to short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation indicates that the injured worker has been on this medication since at least 09/2013. This, in combination with the requested 60 tablets and 3 refills, is well in excess of guideline recommendations. Therefore, continued use would not be supported in this clinical situation. As such, the requested Flexeril 7.5mg, one table t two times daily as needed, #60 with three refills is not medically necessary or appropriate.