

Case Number:	CM14-0130378		
Date Assigned:	09/22/2014	Date of Injury:	07/13/1998
Decision Date:	10/21/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old male who was injured on 7/13/1998. He was diagnosed with a crushing injury of the foot. He was treated with opioids, topical NSAIDs, muscle relaxants, and proton pump inhibitors (unclear reason why). The worker was seen by his treating provider on 6/19/14 complaining of continual right foot pain and requesting refills on his medications (Aciphex, Voltaren gel, and Cyclobenzaprine). No report of muscle pain, stiffness, or pain was reported. Also, there was a report of the worker getting "GERD", which Aciphex helps to alleviate. Physical examination of the right foot revealed a right foot outward rotation, no edema, no cyanosis, and full range of motion. His weight was measured in at 173 lbs. (BMI 29.7). He was then recommended to continue his Aciphex, Cyclobenzaprine, as well as add on Feldene 10 mg (an NSAID) all to be used as needed as he had before.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20 mg: Upheld

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

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he had been using topical NSAIDs, however, there was no evidence to suggest this medication was causing his symptoms of GERD. Also, there was no evidence to suggest the worker was at a high risk for a gastrointestinal event. He was prescribed an NSAID at the same time of this request, however, it was not a high dose. One possible cause of his GERD, which is the most common cause, is obesity. Losing weight should be first-line therapy for treating GERD where there is no clear connection to NSAID use related to an injury. Therefore, the Aciphex is not medically necessary.

Cyclobenzaprine 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no evidence to suggest any muscle spasm that might warrant a short course of a muscle relaxant. It is clear, however, that the provider had intended to continue this medication for chronic use as the worker had been using it in this manner for some time already, which is not recommended. Also, there was no evidence of clear functional benefit with the use of Cyclobenzaprine. Therefore, the Cyclobenzaprine is not medically necessary.