

Case Number:	CM14-0146180		
Date Assigned:	09/12/2014	Date of Injury:	04/28/2006
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 60-year-old female with a date of injury of 04/28/2006. The listed diagnoses per [REDACTED] are: 1. Discogenic lumbar condition, 2. Cervical sprain, 3. Internal derangement of bilateral knees status post meniscectomy on January 2014, 4. Impingement syndrome of shoulder, left, 5. Shoulder sprain on the right, 6. Element of depression, 7. Hypertension, 8. Weight gain of 30 pounds. According to progress report 08/06/2014, the patient presents with neck, low back, bilateral knee, and bilateral shoulder pain. MRI of the lumbar spine showed disk disease at L4-L5 and L5-S1, and nerve studies have been unremarkable. Examination revealed tenderness along the knee especially along the patella and medial joint line on the left. The patient has grade 5-/5 strength to resisted function, but the motion is satisfactory. There was mild effusion noted. The request is for "neck traction with air bladder," Flexeril 7.5 mg #60, and Protonix 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment neck traction with air bladder Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back chapter; Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-twc guidelines has the following regarding cervical traction units: (<http://www.odg-twc.com/odgtwc/neck.htm>) Recommend home cervical autotraction (patient controlled) devices for patients with radicular symptoms, but not powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical sp

Decision rationale: This patient presents with neck, low back, bilateral knee, and bilateral shoulder complaints. The treater is requesting durable medical equipment "neck traction with air bladder." ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG guidelines do support patient controlled traction units for radicular symptoms. In this case, there is no radicular symptoms reported and the MRI report does not show HNP/stenosis or other findings that may cause radiculopathy. Given the lack of support from the guidelines, recommendation is for denial.

Flexeril 7.5mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Guidelines; Cyclobenzaprine (Flexeril, Amrix,.

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

Decision rationale: This patient presents with neck, low back, bilateral knee, and bilateral shoulder pain. The treater is requesting a refill of Flexeril 7.5 mg #60. The MTUS Guidelines do not recommend long term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. In this case, the patient has been prescribed this medication since at least 01/09/2014. Muscle relaxants are not intended for long term use. Recommendation is for denial.

Protonix 20mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Guidelines; NSAIDs (non-steroidal anti-inflam.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MTUS pg 69 NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69) Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoa

Decision rationale: This patient presents with neck, low back, bilateral knee, and bilateral shoulder pain. The treater is requesting a refill of Protonix 20 mg #60. The MTUS Guidelines page 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed Protonix since at least 01/09/14. In this case, the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Recommendation is for denial.