MAXIMUS Federal Services

Case Number:	CM14-0146814		
Date Assigned:	09/12/2014	Date of Injury:	02/20/2013
Decision Date:	10/15/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/10/2014

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, 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:

The injured worker is a 56-year-old male who sustained an injury on 02/20/13. On 08/25/14, he complained of right knee pain. The pain has persisted and he has some thigh spasms, which are reduced with a muscle relaxer. His pain is 4/10 with medications and 7/10 without. Straight leg raise and bowstring were positive on the right and there was slightly antalgic gait. There was minimal right medial elbow and right medial knee tenderness with spasms in the thigh. MRI of the lumbar spine dated 11/14/13 revealed mild DDD at L3-4 and L4-5. MRI right knee dated 05/24/13 revealed minimal muscle edema in the gastrocnemius and soleus muscles, 4 mm area of chondral heterogeneity and fissuring at the inferior aspect of the medial trochlea, with mild adjacent subchondral cystic changes, and tiny popliteal cyst. Venous duplex done on 05/14/14 was normal. UDS report dated 08/25/14 was negative. He underwent right knee chondroplasty medial femoral condyle and synovectomy on 05/08/14. Current medications include naproxen, pantoprazole, cyclobenzaprine, and Norco. Reports of 05/01/13 and 04/17/13 indicated that he denies any history of ulcers or gastritis. Diagnoses include status post right knee surgery on 05/08/14; right elbow spraining injury; and possible lumbar radiculopathy. The request for retrospective Fexmid Cyclobenzaprine 7.5 mg #60 and Protonix Pantoprazole 20 mg #60 was denied on 09/08/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Respective Fexmid / Cyclobenzaprine 7.5mg #60 DOS: 08/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

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

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm on examination unresponsive to first line therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Furthermore, there is no mention of any significant improvement in function with continuous use. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity for Cyclobenzaprine is not established.

Retrospective Protonix Pantoprazole 20mg #60 DOS: 08/25/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI, Page(s): 68.

Decision rationale: According to the CA MTUS, "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Pantoprazole (Protonix) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at significant risk for GI events. Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In absence of documented dyspepsia unresponsive to change in cessation or change of NSAID or PPI, the medical necessity of Protonix has not been established; non-certified.