

Case Number:	CM14-0148592		
Date Assigned:	09/18/2014	Date of Injury:	03/08/2011
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 58-year-old female with a 3/8/11 date of injury, status post bilateral hernia repair in 2008, status post cholecystectomy in 2006, status post right knee arthroplasty 8/3/12, and status post right shoulder rotator cuff repair in September 2013. At the time (5/27/14) of request for authorization for Retrospective request for Pantoprazole-Protonix 20mg #60 on 5/27/14 and Cyclobenzaprine-Flexeril 7.5mg #90, there is documentation of subjective (presents for refill of medications) and objective (not specified) findings, current diagnoses (pain in joint lower leg-right knee with severe chondromalacia and medial meniscal tears, degeneration lumbar lumbosacral intervertebral disc, and chronic pain), and treatment to date (medications (including ongoing treatment with Protonix, Citalopram, Celebrex, and Tylenol)). Regarding Retrospective request for Pantoprazole-Protonix 20mg #60 on 5/27/14, there is no documentation of risk for gastrointestinal events and that Protonix is being used as a second-line. Regarding Cyclobenzaprine-Flexeril 7.5mg #90, there is no documentation of the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pantoprazole-Protonix 20mg #60 on 5/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of pain in joint lower leg-right knee with severe chondromalacia and medial meniscal tears, degeneration lumbar lumbosacral intervertebral disc, and chronic pain. However, despite documentation of ongoing treatment with Celebrex, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID). In addition, there is no documentation that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Pantoprazole-Protonix 20mg #60 on 5/27/14 is not medically necessary.

Cyclobenzaprine-Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of pain in joint lower leg-right knee with severe chondromalacia and medial meniscal tears, degeneration lumbar lumbosacral intervertebral disc, and chronic pain. However, there is no documentation of acute muscle spasm. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine-Flexeril 7.5mg #90 is not medically necessary.

