

Case Number:	CM14-0149624		
Date Assigned:	09/18/2014	Date of Injury:	03/01/2011
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 32 year old female with a work injury dated 3/1/11. The diagnoses include right shoulder partial tear supraspinatus with tendinitis 2. Labral tear and acromioclavicular osteoarthropathy, right shoulder 3. Right cubital tunnel syndrome .Under consideration is a request for retrospective request for Cyclobenzaprine 7.5mg #90 (DOS not indicated) and Retrospective request for Pantoprazole 20mg #90 (DOS not indicated).There is a primary treating physician report dated 8/16/14 where the patient complains of 8/10 right shoulder pain. 5/10 right medial elbow pain. Medication at current dosing facilitates maintenance of AOL's (activities of daily living) with examples provided including light household duties, shopping for groceries, grooming, and cooking. Recalls history of at times requiring up to 5 hydrocodone prior to tramadol ER at 300 mg/day, now consuming hydrocodone no greater than 2-3/day for breakthrough pain only. Tramadol at 300 mg/day does decrease somatic pain average of 4-5 points (scale of 10), which patient describes as significant. NSAID does facilitate improved range of motion and additional 2 point average on scale of in diminution in pain.Patient today recalls history of GI upset with NSAID with no PPI, PPI at qd and bid dosing, howeverdenies GI upset with PPI at current dose, tid. No history of ulcer, hemoptysis, hematochezia and deniesany history of cardiac issues.Recalls refractory spasm prior to cyclobenzaprine on board at current dosing. Spasm was refractory to activity modification, stretching, heat, physical therapy, home exercise. Cyclobenzaprine decreases spasm, for approximately 4-6 hours, facilitating marked improvement in range of motion, -tolerance to exercise, and additional decrease in overall pain level 2-3 points average on scale of I 0.On exam tenderness right shoulder anterior aspect and at acromioclavicular joint. Right shoulder abduction 70, forward flexion 70.Positive impingement signs. Atrophy of the right deltoid musculature.Right elbow exam essentially unchanged.Spasm

of the deltoid musculature/cervical trapezius decrease. The treatment plan included the medications under consideration. Magnetic resonance imaging of the right shoulder dated 6/20/14 documented partial tear supraspinatus with tendinosis, labral tear, acromioclavicular osteoarthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS not indicated): 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 (Flexeril) Page(s): 41-42.

Decision rationale: Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS not indicated). Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. From the documentation submitted patient has been on this medication much longer than the 2-3 week recommended period and therefore continued use is not medically necessary.

Retrospective request for Pantoprazole 20mg #90 (DOS not indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

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

Decision rationale: Retrospective request for Pantoprazole 20mg #90 (DOS not indicated) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation states that the patient is at intermediate risk of gastrointestinal events on NSAIDs. Reviewing the documentation, however reveals that there is no history that patient meets MTUS criteria for a proton pump inhibitor including : (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 request for retrospective Pantoprazole 20mg #90 (DOS not indicated) is not medically necessary.