

Case Number:	CM14-0094969		
Date Assigned:	07/25/2014	Date of Injury:	07/05/2011
Decision Date:	09/18/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 52-year-old male with a 7/5/11 date of injury, and status post right L4-5 microdiscectomy 1/31/12, and status post C5-6, C6-7 5/6/14. At the time (5/28/14) of request for authorization for Protonix (Pantoprazole Sodium DR 20mg) #60 X2 and Flexeril (Cyclobenzaprine 7.5mg) #90, there is documentation of subjective (neck pain 2/10) and objective (tenderness, decreased cervical spine range of motion) findings, current diagnoses (status post C5-6, C6-7 5/6/14), and treatment to date (activity modification). Medical records identifies that medications were requested for postoperative use. Regarding the requested Protonix (Pantoprazole Sodium DR 20mg) #60 X2, there is no documentation of risk for gastrointestinal event and that Protonix is being used as a second-line. Regarding the requested Flexeril (Cyclobenzaprine 7.5mg) #90, there is no documentation of an intention of short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine 7.5mg) #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. 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 for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of status post C5-6, C6-7 5/6/14. In addition, there is documentation that the requested medications is intended for postoperative use. However, given that the request is for Flexeril (Cyclobenzaprine 7.5mg) #90, there is no documentation of an intention of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril (Cyclobenzaprine 7.5mg) #90 is not medically necessary.

Protonix (Pantoprazole Sodium DR 20mg) #60 X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment 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 > 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. 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 status post C5-6, C6-7 5/6/14. However, there is no documentation of risk for gastrointestinal event and that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Protonix (Pantoprazole Sodium DR 20mg) #60 X2 is not medically necessary.