

Case Number:	CM14-0213366		
Date Assigned:	12/30/2014	Date of Injury:	10/23/2013
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 is a male patient with a date of injury of October 23, 2013. A utilization review determination dated December 10, 2014 recommends non-certification of naproxen 550 mg #90, pantoprazole 20 mg #90, cyclobenzaprine 7.5 mg #90, and a random toxicology test. A progress note dated September 30, 2014 identifies subjective complaints of low back pain with left lower extremity symptoms rated at a 6/10, left knee pain rated at a 7/10, left foot/ankle pain rated at a 5/10, left shoulder pain rated at a 7/10, and increased involvement of left cervical spine. The patient reports heightened function with medication at current dosing. The patient is able to do ADLs and maintain exercise level current with medications. The NSAID results in a 2-3 point average decrease in somatic pain and greater range of motion. The patient recalls G.I. upset with no PPI, however denies G.I. upset with PPI at current titrated dose of TID. Cyclobenzaprine 7.5 mg decreases spasms over five hours with improved range of motion, tolerance to exercise, and decrease in overall pain level 2-3 points. The patient reports objective improvement with greater level of exercise and improved range of motion with cyclobenzaprine. The physical examination of the lumbar spine reveals tenderness with paraspinal spasm. The lower extremities demonstrate diminished sensation of left L4 and L5. There is mild swelling of the left ankle with limited range of motion of the foot at the ankle. The left knee reveals tenderness with mild swelling. The left shoulder demonstrates positive subacromial impingement. The diagnoses include left ankle fracture/distal fibula fracture, posttraumatic scarring and deficiency of ligamentous stabilizers of the left ankle, left foot contusion, left shoulder subacromial bursitis and impingement with high grade partial thickness tear supraspinatus, lumbar spine foraminal stenosis L4-5 and L5-S1 with

disc protrusions and facet osteoarthropathy, and left knee pes anserine bursitis with chondromalacia patella. The treatment plan recommends continuation with request for interventional pain management consult, a request for an MRI of the cervical spine, continue with 30 day TENS trial, continue LSO, dispense hydrocodone 10/325 #60, dispense naproxen 550 mg #60, dispense pantoprazole 20 mg #90, dispense cyclobenzaprine 7.5 mg #90, and a random toxicology screening. A urine drug screen was collected on September 30, 2014, but the results were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: Naproxen sodium 550mg #90 (Date of service: 10/28/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 OF 127.

Decision rationale: Regarding the request for Naproxen 550mg #90, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is providing analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), and objective functional improvement. As such, the currently requested Naproxen 550mg #90 is medically necessary.

RETROSPECTIVE: Pantoprazole 20mg #90 (Date of service: 10/28/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix) 20mg #90, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia secondary to NSAID use. The patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). As such, the currently requested pantoprazole 20mg #90 is medically necessary.

RETROSPECTIVE: Cyclobenzaprine 7.5 mg #90 (Date of service: 10/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Pain Procedure Summary (updated 11/21/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 OF 127.

Decision rationale: Regarding the request for cyclobenzaprine 7.5mg #90, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. As such, the currently requested cyclobenzaprine 7.5mg #90 is not medically necessary.

RETROSPECTIVE: Random toxicology test (Date of service: 10/28/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Pain Procedure Summary (updated 11/21/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 AND 99 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a random urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is documentation that the patient is currently utilizing drugs of potential abuse, and current risk stratification to identify the medical necessity of drug screening at the proposed frequency was provided. The date of prior testing was provided without results, As such, the currently requested random urine toxicology test is medically necessary.