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| Case Number: | CM14-0216474 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 03/07/2014 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/26/2014 |

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 53-year-old man with a date of injury of March 7, 2014. The mechanism of injury was documented as a repetitive injury from working the forklift. The injured worker's working diagnoses are rule out median neuropathy, right and left; bilateral upper extremity overuse; bilateral shoulder pain; and bilateral knee pain. Pursuant to the progress note dated October 31, 2014, the IW complains of bilateral wrist pain, bilateral shoulder pain, right wrist pain, and bilateral knee pain. The pain ranges from 5-6/10. Objectively, there is tenderness in the bilateral shoulder, and bilateral knees. Range of motion is decreased. The IW has spasm of the forearm musculature, which is decreased. The IW does not have a history of ulcer, hemoptysis, or hematochezia. Current medications include Flexeril, Pantoprazole, and Naproxen Sodium 550mg. In a progress note dated June 20, 2014, the IW was taking Naproxen Sodium 550mg, Pantoprazole 20mg, and Norflex 100mg. On July 16, 2014, the Naproxen and Pantoprazole were refilled and Flexeril was prescribed to replace Norflex. The treatment plan includes continue medication regimen and request for physical therapy to the right wrist/hand 3 times a week for 4 weeks. The current request is for retrospective (DOS unknown) Pantoprazole 20mg #90, and Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS unknown) Pantoprazole 20mg #90: 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, retrospective Pantoprazole #90 is not medically necessary. Pantoprazole is a proton pump inhibitor (PPI). Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs (NSAIDs) that are at-risk for certain gastrointestinal events. These risk factors include, but are not limited to, a greater than 65; history of peptic ulcer, gastrointestinal (G.I.) bleeding; concurrent use of aspirin or corticosteroids; or high dose/multiple non-steroidal anti-inflammatory drug use. Products in the proton pump inhibitor drug class have demonstrated equivalent clinical efficacy and safety at comparable doses. A trial of omeprazole or lansoprazole is recommended before next seems there. The other proton pump inhibitors, protonic, Dexilant and Aciphex, should be second line treatments. In this case, the injured worker's working diagnoses are rule out median neuropathy, right and left; bilateral upper extremity overuse; bilateral shoulder pain; and bilateral knee pain. The injured worker gives a remote history of gastrointestinal distress associated with non-steroidal anti-inflammatory drugs. There is no history of peptic ulcer or G.I. bleeding. Pantoprazole is a second line agent. Additionally, pantoprazole is meant to be taken once daily and a quantity of #90 is in excess of that required for a one-time daily dose. Consequently, while a proton pump inhibitor is indicated based on the remote history of G.I. distress with non-steroidal anti-inflammatory drugs, pantoprazole is a second line agent and the quantity of 90 exceeds that required by the guidelines. Based on the clinical information in the medical record and the guidelines, retrospective Pantoprazole #90 is not medically necessary.

Retrospective (DOS unknown) Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective cyclobenzaprine 7.5 mg #90 is not medically necessary. 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. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are rule out median neuropathy, right and left; bilateral upper extremity overuse;

bilateral shoulder pain; and bilateral knee pain. The documentation shows the injured worker had complaints of spasm in the forearm musculature, which is decreased. Flexeril is indicated as a second line drug for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of an acute exacerbation in chronic low back pain. This injured worker did not suffer with acute low back pain. Additionally, cyclobenzaprine is indicated short-term (less than two weeks) the injured worker was taking cyclobenzaprine as far back as July 2014. Prior to July 2014 the injured worker was using Norflex, a different muscle relaxant. There was no clinical rationale as to the change to cyclobenzaprine. Consequently, absent clinical documentation with a clinical indication/rationale for cyclobenzaprine while exceeding the recommended guidelines of two weeks (short-term use), retrospective cyclobenzaprine 7.5 mg #90 is not medically necessary.