

Case Number:	CM14-0216698		
Date Assigned:	01/06/2015	Date of Injury:	12/31/2012
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 is a 47 year-old female who injured her left shoulder and elbow on 12/31/12. She continued with back spasms. On exam, she had palpable spasm, normal sensation, strength, and reflexes. A 6/2013 MRI showed diskitis of L5-S1, mild L5-S1 listhesis. She was diagnosed with lumbosacral sprain/strain, L5-S1 diskitis, and status post decompression/fusion on 4/29/14. She had a left elbow abscess. She weaned off of Norco, transitioned to tramadol, and was using topical analgesics. She completed physical therapy. The current request is for cyclobenzaprine and pantoprazole with retrospective date of service on 11/7/14. This was denied by utilization review on 12/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid Cyclobenzaprine 7.5mg #60 dispensed on 11/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There are no specific details about functional improvement with the use of cyclobenzaprine. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. The patient continued with back spasms despite use of cyclobenzaprine. Therefore, continued use is considered not medically necessary.

Pantoprazole 20mg #60 dispensed on 11/7/14: 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 NSAIDs, GI symptoms, cardiovascular risk Page(s): 68.

Decision rationale: The request for Pantoprazole is not medically necessary. The patient has also been prescribed Naproxen but there was no documentation of GI symptoms, GI risk factors, or history of GI disease. There was no rationale on why Pantoprazole was prescribed as it is not the first-line PPI to use. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.