

Case Number:	CM14-0218450		
Date Assigned:	01/08/2015	Date of Injury:	06/12/2009
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old claimant sustained a work related injury on 6/12/2009. The mechanism of injury was not described. The current diagnoses are chronic right shoulder impingement, rule out rotator cuff pathology, left shoulder rotator cuff tear supraspinatus with acromioclavicular osteoarthropathy, protrusion C5-6, neurologically encroachment L2-3 and L3-4 with radiculopathy, and myofascial pain. According to the progress report dated 7/7/2014, the injured workers chief complaints were right shoulder pain (9/10), left shoulder pain (5/10), cervical pain (5/10), and low back pain with increasing lower extremity symptoms, right greater than left (7/10). The physical examination revealed right shoulder tenderness. Range of motion was markedly limited. There is a positive impingement sign. Atrophy of the right deltoid musculature was noted. Spasm of the deltoid tie-in /cervical trapezius was less pronounced. On this date, the treating physician prescribed retrospective Cyclobenzaprine 7.5mg #90 and Pantoprazole 20mg #90 (DOS 11/10/2014), which is now under review. Work status was not described in the progress report provided. On 12/17/2014, Utilization Review had non-certified a prescription for retrospective Cyclobenzaprine 7.5mg #90 and Pantoprazole 20mg #90 (DOS 11/10/2014). The medications were non-certified based on no meeting the recommended guidelines. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Retrospective Cyclobenzaprine 7.5mg #90, DOS: 11/10/14:
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 Muscle relaxants, Cyclobenzaprine Page(s): 64.

Decision rationale: California MTUS chronic pain medical treatment guidelines indicate cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. As such, the guidelines do not support long-term use of cyclobenzaprine and the request as stated for Cyclobenzaprine 7.5 mg # 90 was not medically necessary.

Associated surgical service: Retrospective Pantoprazole 20mg #90, DOS: 11/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk. PPI (Proton Pump Inhibitors) Page(s): 68.

Decision rationale: With regard to the request for pantoprazole, this is a proton pump inhibitor which was prescribed because of risk for gastrointestinal events with naproxen. The documentation indicates that naproxen was not certified and as such, the proton pump inhibitor was also not necessary. Therefore the request for pantoprazole 20 mg # 90 is not supported and the medical necessity is not established.