

Case Number:	CM15-0111328		
Date Assigned:	06/18/2015	Date of Injury:	06/29/2013
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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 is a 42 year old male, who sustained an industrial injury on 6/29/13. The diagnoses have included multiple right facial trauma, closed head injury, psychological injury-post traumatic stress disorder and status post cervical fusion. Treatment to date has included medications, activity modifications, off work, diagnostics, consultations, surgery, physical therapy, home exercise program (HEP), other modalities, psychiatric. Currently, as per the physician progress note dated 5/21/15, the injured worker is status post cervical fusion on 10/28/14. The pain is noted to be about the same. The neck pain is improving but he has occasional right upper extremity numbness. The physician notes that Percocet has been relieving the pain and he is weaning it. He also reports spasms and gastrointestinal upset due to the Nonsteroidal anti-inflammatory drugs. The objective findings reveal positive cervical tenderness and palpable spasms, and decreased cervical range of motion by 30 percent. The diagnostic testing that was performed included x-rays of the cervical spine and Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Naproxen, Protonix, Cyclobenzaprine and Percocet. The physician noted that the medications allow for improved activities of daily living (ADL), improved function and marked decrease in symptoms. The urine drug screen dated 1/29/15 was consistent with the medications prescribed. The physician requested treatments included Retro DOS: 5/21/15 Fexmid (Cyclobenzaprine) 7.5mg #60 and Retro DOS: 5/21/15 Protonix (Pantoprazole) 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 5/21/15 Fexmid (Cyclobenzaprine) 7.5mg #60: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective date of service May 21, 2015 Fexmid (cyclobenzaprine) 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are multiple trauma; right facial trauma; psychological injury; closed head injury; status post ACDF at C6-C7 on October 28, 2014; and CPS. The date of injury is June 29, 2013. According to a progress note dated May 21, 2015, the injured worker's status post surgery (supra) on October 28, 2014. Subjectively, the injured worker has ongoing neck pain which is unchanged with occasional right upper extremity numbness. The injured worker is engaged in a home exercise program. Objectively, there are cervical spine tenderness and spasm with decreased range of motion 30%. The documentation shows Fexmid first appeared in a progress note dated January 29, 2015. The May 21, 2015 progress note shows Fexmid is still prescribed by the treating provider. Fexmid (Flexeril) is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Additionally, Flexeril was prescribed January 29, 2015 and continued through May 21, 2015. Flexeril was continued in excess of four months. The guidelines recommend treatment less than two weeks. There are no compelling clinical facts in the medical record to support the ongoing use of Fexmid. Consequently, absent clinical documentation of acute low back pain or an acute exacerbation of chronic low back pain and treatment continued in excess of the recommended guidelines for short-term less than two weeks (treatment continued in excess of four months), retrospective date of service May 21, 2015 Fexmid (cyclobenzaprine) 7.5 mg #60 is not medically necessary.

Retro DOS: 5/21/15 Protonix (Pantoprazole) 20mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective date of service May 21, 2015 Protonix (pantoprazole) 20 mg #60 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are multiple trauma; right facial trauma; psychological injury; closed head injury; status post ACDF at C6-C7 on October 28, 2014; and CPS. The date of injury is June 29, 2013. According to a progress note dated May 21, 2015, the injured worker's status post surgery (supra) on October 28, 2014. Subjectively, the injured worker has ongoing neck pain which is unchanged with occasional right upper extremity numbness. The injured worker is engaged in a home exercise program. Objectively, there are cervical spine tenderness and spasm with decreased range of motion 30%. The documentation indicates pantoprazole was prescribed for gastrointestinal upset. The documentation does not contain objective functional improvement to support ongoing pantoprazole. Additionally, pantoprazole is a second line proton pump inhibitor (PPI). There is no documentation of a first line PPI in the medical record. Consequently, absent clinical documentation with a first-line proton pump inhibitor and evidence of objective functional improvement to support ongoing pantoprazole, retrospective date of service May 21, 2015 Protonix (pantoprazole) 20 mg #60 is not medically necessary.