

<b>Case Number:</b>	CM15-0122196		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 36 year old male, who sustained an industrial injury, May 1, 2014. The injured worker previously received the following treatments random toxicology laboratory studies which were negative for any unexpected findings, physical therapy, random toxicology laboratory studies, Cyclobenzaprine decreased spasms, Omeprazole was ineffective and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with status post left shoulder arthroscopic surgery with rotator cuff repair and lysis of adhesions on April 16, 2015, Glenohumeral arthritis, status post partial distal claviclectomy and eletrodiagnostically positive carpal tunnel syndrome and lumbar radiculopathy. According to progress note of May 22, 2015, the injured worker's chief complaint was left shoulder postoperative pain with worsening carpal tunnel syndrome. The physical exam noted well healed arthroscopic portals. The adduction was 60 degrees, flexion of 45 degrees, external rotation 70 degrees. The left hand examination noted positive Tinel's sign with hyperesthesia in the median distribution. The treatment plan included a prescription for Cyclobenzaprine and Pantoprazole and Psychological Consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 7.5mg 1 by mouth three (3) times per day, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used for more than 2-3 weeks. The patient in this case has been using Cyclobenzaprine since at least July 2014 without evidence of functional improvement and/or return to work. In addition, the patient does not have recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the Retrospective request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

**Pantoprazole 20mg 1 by mouth three (3) times per day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Pantoprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Pantoprazole is recommended as a second line option after failure of first-line proton pump inhibitors for patients at intermediate or high risk for gastrointestinal events. In this case, there is no evidence that the patient tried and/or failed first-line treatment. Therefore, the prescription of Pantoprazole 20mg #90 is not medically necessary.

**Psychological Consultation to Address Reactive Depression/Anxiety:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33, 171.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) In this case, there is no evidence of a specific diagnosis suggestive of depression/anxiety. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a referral to psychologist. Therefore, the request for Psychologist Evaluation and Treatment is not medically necessary.