

Case Number:	CM15-0123750		
Date Assigned:	07/08/2015	Date of Injury:	07/16/2010
Decision Date:	08/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 57-year-old female, who sustained an industrial injury on 7/6/10. She reported pain in her neck, back bilateral wrists and bilateral knees related to cumulative trauma. The injured worker was diagnosed as having internal derangement of the left knee, status post right knee arthroscopy, lumbar sprain, cervical sprain with radiculopathy, bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. Treatment to date has included physical therapy, chiropractic treatments, an EMG/NCS of the upper extremities on 12/17/12 and Orthovisc injections x 3 with no benefit. Current medications include Voltaren gel, Evista, Synthroid, Effexor, Lipitor and Flexeril, Percocet and Protonix since at least 8/29/14. As of the PR2 dated 6/15/15, the injured worker reports pain in her neck, back and bilateral knees. She rates her right knee pain a 6-8/10, lower back pain a 4-6/10 and mid-back pain a 4-5/10. Objective findings include decreased cervical and lumbar range of motion, trigger points felt in the cervical spine and crepitus in the bilateral knees. The treating physician requested to continue Flexeril 5mg #60, Percocet 10/325mg #135 and Protonix 40mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: Upheld

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

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

Decision rationale: This 57 year old female has complained of neck pain, knee pain and wrist pain since date of injury 7/6/10. She has been treated with physical therapy, orthovisc injections, surgery, chiropractic therapy and medications to include cyclobenzaprine since at least 10/2014. The current request is for cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Percocet 10/325mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 57 year old female has complained of neck pain, knee pain and wrist pain since date of injury 7/6/10. She has been treated with physical therapy, orthovisc injections, surgery, chiropractic therapy and medications to include opioids since at least 10/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

Protonix 40mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 57 year old female has complained of neck pain, knee pain and wrist pain since date of injury 7/6/10. She has been treated with physical therapy, orthovisc injections, surgery, chiropractic therapy and medications. The current request is for Protonix. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Protonix is not indicated as medically necessary in this patient.