

Case Number:	CM15-0169548		
Date Assigned:	10/02/2015	Date of Injury:	06/19/2014
Decision Date:	11/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 28-year-old who has filed a claim for chronic low back, neck, shoulder, and wrist pain reportedly associated with an industrial injury of June 19, 2014. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve requests for Protonix and cyclobenzaprine. A July 13, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant was given prescriptions for naproxen, Flexeril, and Protonix. The applicant had not worked since the date of injury, the treating provider acknowledged, owing to multifocal complaints of neck and low back pain, 6/10. Activities of daily living as basic as walking, climbing, and exercise remained problematic, the treating provider reported. On March 30, 2015, the applicant's permanent work restrictions, Naproxen, Flexeril, Tramadol, and Protonix were all seemingly renewed. The attending provider acknowledged that the applicant had failed to return to work. Drug testing was endorsed. The attending provider stated, in highly templated fashion, that the medications were attenuating the applicant's pain complaints and were ameliorating the applicant's ability to use the bathroom, perform self-care, and ambulate in unspecified amounts. On July 13, 2015, the applicant's permanent work restrictions were renewed. Multifocal complaints of neck, low back, and knee pain were reported, 4/10 with medications versus 7/10 without medications. The attending provider acknowledged that the applicant had not returned to work and had, moreover, been terminated by his former employer. Naproxen, Flexeril, Tramadol, and Protonix were all renewed. The attending provider again suggested, in a highly templated fashion, that the applicant's medications were ameliorating his ability to ambulate, perform self-care, cook, use the bathroom, and clean in unspecified amounts. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

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 per 07/13/15 Order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Fexmid (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is deemed "not recommended." Here, the applicant was reportedly using a variety of other agents, including Naproxen, Tramadol, etc. The addition of Cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 30-tablet renewal request for cyclobenzaprine, moreover, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is represented, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Protonix (Pantoprazole) 20mg #60 per 07/13/15 Order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: No, the request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the July 13, 2015 office visit at issue. Therefore, the request was not medically necessary.