

Case Number:	CM15-0175383		
Date Assigned:	09/25/2015	Date of Injury:	08/07/2013
Decision Date:	10/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 24-year-old female who sustained an industrial injury on 8-7-2013. Diagnoses have included thoracic and lumbar strain or strain and lumbar radiculopathy. Documented treatment includes unspecified amounts of chiropractic care, acupuncture, and physical therapy noted to provide "no alleviation of pain and minimal progression in her care"; one "epidural" helping with alleviating pain "tremendously" and "resolving radiculopathy symptoms for five month"; and, medication stated 7-29-2015 to reduce pain to 5 out of 10. In the progress noted dated 7-29-2015, the injured worker continues to complain of pain in the upper and lower back rated at 8 out of 10 interfering with prolonged and repetitive movements, stair climbing, lifting 10 lbs., and the low back is stated to be aggravated with cold weather. Range of motion was noted by the physician to be "decreased and painful," and her examination revealed muscle spasms, tenderness to palpation, and her straight leg raise was positive on the left. The treating physician's plan of care includes retroactive requests for Diclofenac 100 mg #60, Cyclobenzaprine 7.5 mg #90, and Pantoprazole 20 mg #60 dispensed 7-29-2015. The length of time on these medications is not evident in the provided medical records, but a urine drug screen was performed at this 7-29-2015 visit. On 8-6-2015 this request was denied. She has remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Diclofenac 100mg #60: Overturned

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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in August 2013 when, while tagging items, her arm was looped around a railing and a cart was pulled, jerking her body. She had low back pain. When seen in August 2015, pain was rated at 8/10. Physical examination findings included decreased and painful thoracic and lumbar spine range of motion with paraspinal tenderness. There were lumbar paraspinal muscle spasms and Kemp's testing was positive. Her body mass index was 30. Diclofenac, pantoprazole, cyclobenzaprine, and tramadol were continued. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and is medically necessary.

Retro Cyclobenzaprine 7.5mg #90: 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), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in August 2013 when, while tagging items, her arm was looped around a railing and a cart was pulled, jerking her body. She had low back pain. When seen in August 2015, pain was rated at 8/10. Physical examination findings included decreased and painful thoracic and lumbar spine range of motion with paraspinal tenderness. There were lumbar paraspinal muscle spasms and Kemp's testing was positive. Her body mass index was 30. Diclofenac, pantoprazole, cyclobenzaprine, and tramadol were continued. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not medically necessary.

Retro Pantoprazole 20mg #60: 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: The claimant sustained a work injury in August 2013 when, while tagging items, her arm was looped around a railing and a cart was pulled, jerking her body. She had low back pain. When seen in August 2015, pain was rated at 8/10. Physical examination findings included decreased and painful thoracic and lumbar spine range of motion with paraspinal tenderness. There were lumbar paraspinal muscle spasms and Kemp's testing was positive. Her body mass index was 30. Diclofenac, pantoprazole, cyclobenzaprine, and tramadol were continued. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Pantoprazole is not medically necessary.