

Case Number:	CM15-0026601		
Date Assigned:	02/19/2015	Date of Injury:	07/17/2008
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/12/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74-year-old female, who sustained an industrial injury on July 17, 2008. She has reported injury to the lower back area, neck, left shoulder, lower left leg and upper left leg. The diagnoses have included impingement syndrome of the left shoulder, status post decompression and discogenic cervical condition with associated headaches. Treatment to date has included diagnostic studies, surgery, physical therapy, cortisone injection to the left shoulder and medications. On February 4, 2015, the injured worker complained of persistent neck and left shoulder pain. Physical examination revealed tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle. On January 20, 2015, Utilization Review non-certified Flexeril 7.5mg #60, noting the CA MTUS Guidelines. Utilization Review modified a request for Protonix 20mg #60 to #30, noting the CA MTUS Guidelines. On February 12, 2015, the injured worker submitted an application for Independent Medical Review for review of Flexeril 7.5mg #60 and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 MG Qty 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): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

Protonix 20 MG Qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do document use of Protonix for NSAID-related gastric upset. A prior physician review concluded that the dosage was above the recommended dosage and thus modified this request. However, the requested dosage in this case is within FDA-accepted parameters and the role of utilization review is not to direct care. Therefore, this request is supported by the treatment guidelines. The request is medically necessary.