

Case Number:	CM15-0073879		
Date Assigned:	04/23/2015	Date of Injury:	06/29/2013
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 injured worker is a 42-year-old male who sustained an industrial injury on 6/29/13. The mechanism of injury is unclear. He currently complains of improving neck and upper extremity pain but still with some numbness and tingling in the upper extremities on occasion. He experiences muscle spasms which medication is helpful in relieving. Medication is Percocet. Diagnoses include status post anterior cervical discectomy and fusion at C6/7 (10/28/14); multiple trauma, right facial trauma; psychological injury, closed head injury. Treatments to date include physical therapy which is beneficial; medications. Diagnostics include x-rays of cervical spine (5/22/14) showing C6/7/ spondylosis; MRI of the cervical spine (5/30/14) showing herniated nucleus pulposus; x-ray of the cervical spine (12/16/14) stable. In the progress note dated 3/26/15 the treating provider's plan of care requests cyclobenzaprine to use as needed for muscle spasms; Protonix as needed for gastrointestinal protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 3/26/2015) for Fexmid, Cyclobenzaprine 7.5mg #60: 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 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Retrospective request (DOS 3/26/2015) for Fexmid, Cyclobenzaprine 7.5mg #60 is not medically necessary.

Retrospective request (DOS 3/26/2015) Protonix, Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk; Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Retrospective request (DOS 3/26/2015) Protonix, Pantoprazole 20mg #60 is not medically necessary.