

Case Number:	CM15-0077706		
Date Assigned:	04/29/2015	Date of Injury:	02/05/2014
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 58 year old woman sustained an industrial injury on 2/5/2014. The mechanism of injury is not detailed. Diagnoses include lumbar disc protrusion, lumbar muscle spasms, lumbar spine pain, lumbar radiculopathy, lumbar spine sprain/strain, right knee pain, right knee sprain/strain, and rule out right knee meniscus tear. Treatment has included oral medications. Physician notes on a PR-2 dated 9/23/2014 show complaints of right knee and lumbar spine pain. Recommendations include continue medications including Naproxen, Omeprazole, and Cyclobenzaprine, four topical medications, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90 dispensed on 3/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasmodics Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #90 dispensed March 10, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar disc protrusion; lumbar muscle spasm; lumbar pain; lumbar radiculopathy; lumbar sprain/strain; right knee pain; right knee strain/sprain; and rule out right meniscus tear. The medical record contains three 2014 progress notes. There is no progress note documentation from 2015. Flexeril 7.5 mg was first dispensed in a September 23, 2014 progress note by a [REDACTED]. The specialty is not documented in the medical record. The requesting physician is a cardiologist and there were no progress notes from the requesting cardiologist in the medical record. Flexeril has been prescribed in excess of six months. The guidelines recommend short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider has clearly exceeded the recommended guidelines for short-term use. Additionally, there is no documentation on or about March 10, 2015. Consequently, absent clinical documentation on or about March 10, 2015 with continued Flexeril 7.5 mg use in excess of the recommended guidelines for short-term use (six months), Flexeril 7.5 mg #90 dispensed March 10, 2015 is not medically necessary.

Naproxen 550 mg #60 dispensed on 3/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 71, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550mg #60 dispensed March 10, 2015 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar disc protrusion; lumbar muscle spasm; lumbar pain; lumbar radiculopathy; lumbar sprain/strain; right knee pain; right knee strain/sprain; and rule out right meniscus tear. The medical record contains three 2014 progress notes. There is no progress note documentation from 2015. Naproxen 550 mg was first dispensed in a September 23, 2014 progress note by a [REDACTED]. The specialty is not documented in the medical record. The requesting physician is a cardiologist and there were no progress notes from the requesting cardiologist in the medical record. There is no documentation evidencing objective functional improvement with ongoing naproxen. Naproxen is indicated for the shortest period at the lowest dose. The documentation does not reflect a tapering of Naproxen or an

attempt at weaning. As noted above, there are no progress notes from the requesting physician on the date of service March 10, 2015. Consequently, absent clinical documentation with evidence of objective functional improvement and a progress note on or about March 10, 2015 from the requesting provider, Naproxen 550 mg #60 dispense March 10, 2015 is not medically necessary.

Pantoprazole 20 mg #60 dispensed on 3/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20mg #60 dispensed March 10, 2015 is not medically necessary. Pantoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are lumbar disc protrusion; lumbar muscle spasm; lumbar pain; lumbar radiculopathy; lumbar sprain/strain; right knee pain; right knee strain/sprain; and rule out right meniscus tear. The medical record contains three 2014 progress notes. There is no progress note documentation from 2015. There are no progress notes from the requesting physician (the treating cardiologist). There are no comorbid conditions or past medical history indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no documentation of objective functional improvement in the medical record. There is no clinical indication or rationale for the continued use of Pantoprazole 20 mg in the medical record. There were no progress notes or documentation from the March 10, 2015 date of service. Consequently, absent clinical documentation with a clinical indication and rationale for pantoprazole and a progress note on or about March 10, 2015 (date of service), Pantoprazole 20mg #60 dispensed March 10, 2015 is not medically necessary.