

Case Number:	CM15-0094912		
Date Assigned:	05/21/2015	Date of Injury:	01/27/2014
Decision Date:	06/24/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 46 year old male with an industrial injury dated 01/26/2014. His diagnoses included cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, knee sprain/strain, and status post knee surgery and ankle sprain/strain. Prior treatment included left knee surgery, diagnostics, anti-inflammatory medications and physical therapy. He presented on 03/17/2015 with complaints of neck, low back, left ankle and left knee pain all rated as 7/10 on the pain scale. Physical exam of the cervical spine, thoracic spine and lumbar spine revealed decreased range of motion with pain and spasm. Left knee and left ankle also had decreased range of motion. Treatment request included Cyclobenzaprine 75 mg # 90, Naproxen 550 mg # 60 and Pantoprazole 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 75 mg #90 (3/17/15): 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 Flexeril
Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for an unknown length of time in combination with NSAIDS. Pain scores were not routinely documented. Long-term use is not indicated and addition of 90 tablets over 1 month supply on 3/17/15 is not medically necessary.

Retrospective Naproxen 550 mg #60 (3/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for an unknown length of time. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant was using a PPI for GU prophylaxis due to Naproxen use. Continued use of Naproxen on 3/17/15 is not medically necessary.

Retrospective Pantoprazole 20 mg #60 (3/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI's, NSAIDs, GI symptoms and cardiovascular risks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the use of Pantoprazole on 3/17/15 is not medically necessary.