MAXIMUS Federal Services

Case Number:	CM15-0097494		
Date Assigned:	05/28/2015	Date of Injury:	11/26/2013
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/20/2015

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 47-year-old female who sustained an industrial injury on 11/26/2013. The injured worker was diagnosed with cervical disc displacement without myelopathy, left shoulder rotator cuff syndrome and brachial neuritis. The injured worker underwent anterior cervical discectomy and fusion on December 16, 2014. Treatment to date includes diagnostic testing, conservative measures, surgery, physical therapy and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience neck pain rated at 8/10 at rest and with pain medications. The injured worker also reports left sided numbness and tingling without radiation of pain and gastritis with medication usage. Cervical spine range of motion was deferred. There was pain noted in the shoulder with abduction and global decrease in sensation. Deep tendon reflexes of the bilateral upper extremities were intact and symmetrical. Current medications are listed as Hydrocodone, Flexeril and Naproxen. Treatment plan consists of continuing with medication regimen and the current request for Cyclobenzaprine and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: MTUS Guidelines do not support the long-term use of muscle relaxants. In particular, the Guidelines specifically state that use of Cyclobenzaprine be limited to 3 weeks. Addition short-term use for flare-ups is consistent with Guidelines, but this is being dispensed for long-term daily use. There are no unusual circumstances to justify an exception to Guidelines. The Cyclobenzaprine 7.5mg #90 with 2 refills is not supported by Guidelines and is not medically necessary.

Pantoprazole Sodium 20mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability GuidelinesPain - Proton Pump Inhibitors.

Decision rationale: MTUS Guidelines support the use of Proton Pump Inhibitors (PPI) is there are risk factors associated with NSAID use. It is clearly documented that this individual is not utilizing NSAIDs. MTUS Guidelines also recommend PPI use if there are GI symptoms associated with other medication use, which is not clearly documented in the records reviewed. ODG Guidelines provided additional details regarding the appropriate use of PPI's. If PPI's are medically indicated, the ODG Guidelines do not recommend Pantaprozole as a first line drug and there is no evidence of prior trials of recommended first line PPI's. Under these circumstances, questionable indications for a PPI and none recommended first line drug, the Pantoprazole Sodium 20mg, #60 with 2 refills is not supported by Guidelines and is not medically necessary.