

Case Number:	CM13-0027348		
Date Assigned:	03/19/2014	Date of Injury:	05/17/2012
Decision Date:	05/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant filed a claim for chronic low back pain reportedly associated with an industrial injury of May 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; reportedly normal electrodiagnostic testing in 2012; and extensive periods of time off of work. In a Utilization Review Report of September 11, 2013, the claims administrator denied a request for Cyclobenzaprine, Diclofenac, and pantoprazole (Protonix). Flexeril was denied on the grounds that the applicant was not working and that Cyclobenzaprine was not recommended for chronic use. Diclofenac was denied on the grounds that the claims administrator deemed Final Determination Letter for IMR Case Number CM13-0027348 3 Naprosyn a first-line NSAID. Protonix was reportedly denied on the grounds that MTUS Guidelines recommended over-the-counter Protonix as a first-line agent. A January 31, 2014 medical-legal evaluation was notable for comments that the applicant was no longer working as an electrician. The applicant was having issues with sleep disturbance, sexual dysfunction, headaches, low back pain, depression, and financial constraints. The medical-legal evaluator stated that the applicant should consider substitution or an alternative medication for Norco as the Norco is reportedly giving him headaches. The applicant was apparently given a 6% whole person impairment rating associated with thoracic spine, 8% whole person impairment associated with lumbar spine, 30% whole person impairment for headaches, and 8% whole person impairment for sleep disturbance. In a January 28, 2014 progress note, the applicant was described as reporting 7/10 low back and neck pain, ongoing. While the applicant stated that his pain was relieved with medications, he has nevertheless reported difficulty performing bathing, dressing, and sexual activity which he states he is able to perform with pain. He is on Norco, Neurontin, and Tramadol at that point in time. There is no mention of reflux on this report. An

earlier note of October 29, 2013 was notable for comments that the applicant reported low back pain. It was stated that the applicant's review of system was essentially negative with the exception of night sweats and muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not medically necessary and appropriate.

DICLOFENAC SOD ER 100MG BID: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Diclofenac are deemed the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here. In this case, there is no mention of the applicant using Diclofenac on any of the historical progress notes provided, implying that it is a recent introduction. A trial of Diclofenac is indicated to combat the applicant's ongoing low back pain issues, particularly given the failure of other agents. The request is medically necessary and appropriate.

PANTOPRAZOLE SOD DR 20 MG DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as pantoprazole in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation provided did not clearly establish the presence of ongoing issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary and appropriate.