

<b>Case Number:</b>	CM13-0029261		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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 physician 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:

Patient is a 33 year old male with date of injury on 3/15/13. Injury sustained while lifting co-worker and felt pain in lower pain. Patient has a diagnosis of strain of lumbar region, and lumbar radiculopathy. Subjective complaints include persistent low back pain ranging 5-8/10, and initial paraesthesia in back of right leg down to foot that has resolved. Physical exam shows lumbar tenderness over paraspinal muscle L3-L5, no numbness or weakness. Treatment has included, Meloxicam, Naprosyn, Norco, Diazepam, Zanaflex, and physical therapy. Electrodiagnostic studies demonstrated radiculopathy in right leg at S1. Non-certified medications include Baclofen and Pantoprazole. Records indicate that patient has no history of GI bleeding or ulcers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole Sodium 20mg (delayed release) # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS, GI Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS, GI Risk Page(s): 68.

**Decision rationale:** CA Chronic Pain Medical Treatment Guidelines only recommend proton pump inhibitors for patients with a high or intermediate risk of Gastro-intestinal (GI) adverse

events. This patient is low risk for GI complications, and medical records show that patient has no history of GI bleeding or ulcers. There is also no documentation of acute or ongoing GI symptoms. The medical necessity of this medication has not been demonstrated.

**Baclofen 10mg twice a day # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Antispasmodics Page(s): 64-65.

**Decision rationale:** Chronic Pain Medical Guidelines do not recommend long term use of muscle relaxants, and efficacy has not been shown to be superior to NSAIDS alone. This patient has had previous trial of Zanaflex which did not provide functional improvement, and patient has no specific reference to spasticity as a symptom in the medical record. Based on these reasons, the medical necessity of this medication has not been established.