

<b>Case Number:</b>	CM13-0047421		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a female patient with the date of injury of August 19, 2013. A utilization review determination dated October 21, 2013 recommends non-certification of Fexmid, Ultram, and Protonix. The previous reviewing physician recommended non-certification of Fexmid due to lack of documentation of significant muscle spasms for loss of range of motions; non-certification of Ultram due to lack of documentation of the VAS score, frequency and severity of pain, and interruption of activities of daily living; and non-certification of Protonix due to lack of documentation of any signs or risk for GI events. An Appeal of Utilization Review Denial dated October 25, 2013 identifies "Muscle relaxants are used as a first, second, and third line of treatment for patients with acute, acute on chronic, and chronic pain, radiculopathy, and muscle spasms. Opioids are recommended for select patients with chronic LBP, chronic persistent pain, neuropathic pain, or CRPS. The patient has developed some GI complaints which are well treated with Protonix." A Progress Report from October 30, 2013 identifies Subjective Complaints of pain 5/10. With the medications the pain is much improved. Objective findings include minimal cervical and lumbar tenderness. Cervical spine ROM decreased about 10%. LS spine ROM decreased about 10%. Diagnoses include left plantar fasciitis, possible right wrist overuse syndrome, and cervical and lumbar strain. Treatment Plan includes foot and ankle evaluation for plantar fasciitis, refill medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Management of Common Health Problems and Functional Recovery in Workers.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for Fexmid, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Guidelines go on to state that muscle relaxants are recommended for a short course of therapy. Within the documentation available for review, the patient is noted to have chronic pain and pain is better with the medications. However, there is no identification of an acute exacerbation of chronic low back pain. Additionally, it does not appear that this medication is being prescribed for short-term treatment, as recommended by guidelines. In the absence of such documentation, the currently requested Fexmid is not medically necessary

**Ultram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Management of Common Health Problems and Functional Recovery in Workers

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

**Decision rationale:** Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is noted that medications improve the patient's pain. However, there is no documentation regarding side effects and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram is not medically necessary.

**Protonix:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Management of Common Health Problems and Functional Recovery in Workers.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** Regarding the request for Omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or

for patients at risk for gastrointestinal events with NSAID use. ODG states Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. The Guidelines additionally state a trial of Omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. Within the medical information made available for review, there is documentation that the patient has developed GI complaints. However, there is no documentation that a trial of omeprazole or lansoprazole has been attempted before the use of Protonix. In the absence of such documentation, the currently requested Protonix is not medically necessary.