MAXIMUS Federal Services

| Case Number: | CM13-0072126 | | |
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| Date Assigned: | 01/08/2014 | Date of Injury: | 08/30/2004 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is 54 year old male with a reported date of injury on August 3, 2004. The mechanism of injury was not provided within the medical records. The clinical information provided noted the injured worker had low back pain rated 8/10. The injured worker was status post ALIF at L5-S1 on April 13, 2013. The physical exam findings included tenderness and decreased range of motion in the lumbar spine with spasm. The injured worker had diagnoses of lumbar sprain, lumbosacral disc degenerative disease and lumbar disc displacement. The provider recommended a refill of Flexeril and Protonix. The request for authorization was not provided within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** The request for flexeril is non-certified. The clinical information provided noted the injured worker had low back pain rated 8/10. The injured worker was status post ALIF

at L5-S1 on April 13, 2013. The Chronic Pain Medical Treatment Guidelines recommend flexeril for a short course of therapy, limited, mixed-evidence does not allow for a recommendation for chonric use. Flexeril is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. The guidelines aslo recommend that treatment should be brief. There is a lack of documentation of the length and efficacy of flexeril; per the guidelines flexeril is only for short term use. The requesting physicians rational for the request was unclear. The request for Flexeril 7.5 mg is not medicall necessary or appropriate.

**PROTONIX 40MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms and Cardiovascula.

**Decision rationale:** The request for Protonix 40 mg is non-certified. The clinical information provided noted the injured worker had low back pain rated 8/10. The injured worker was status post ALIF at L5-S1 on 04/13/2013. The California MTUS guidelines recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. The guidelines also recommend the use of Protonix for those at risk for gastrointestinal events, injured workers older than 65 years of age, history of a peptic ulcer, gastrointestinal bleeding or perforation concurrent use of aspirin. There is no documentation provided indicating the injured worker has any risks of gastrointestinal events. The efficacy of the medication was unclear. The request for Protonix 40mg is not medically necessary or appropriate.