

<b>Case Number:</b>	CM14-0011019		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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:

This is a 39-year-old male with an 11/1/08 date of injury. The mechanism of injury was not noted. According to a progress report on 10/28/13, the patient was reporting low back and right leg pain. The physical exam was significant for tenderness, spasm, a positive straight leg raise and decreased sensation in the right L5 distribution. Diagnostic impression: Sprain lumbar region, Lumbar/lumbosacral disc degeneration, Lumbar disc displacement. Treatment to date: medication management, activity modification. A UR decision dated 12/24/13 denied the retrospective requests for Flexeril, Protonix, and Voltaren XR. The patient has been using a muscle relaxant for several years. Guidelines only support using Flexeril for short-term treatment of acute exacerbations of chronic pain. Protonix was denied because there was no documentation that a trial of a first-line agent, such as omeprazole or lansoprazole, was performed. An NSAID would be reasonable for the inflammatory component of the patient's injury. However, Voltaren is not recommended as first line due to its increased risk profile.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Flexeril 7.5 mg #90 x3, DOS 11/14/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the reports reviewed, the patient has been on Flexeril since at least 10/30/12, if not earlier. There is no documentation of an acute exacerbation of the patient's pain. There is no rationale provided as to why this medication is indicated in this patient despite lack of guideline support. In addition, guidelines only support the short-term use of muscle relaxants and this request is for a 3-month supply. Furthermore, A UR decision dated 12/24/13 modified a retrospective request for Flexeril 7.5 mg #90 DOS 10/3/13 to allow a one month supply for weaning purposes. There is no documentation that the provider has addressed the recommendations for weaning. Therefore, the request for Retro: Flexeril 7.5 mg #90 X3, DOS 11/14/13 was not medically necessary.

**Retro: Protonix 20 mg #60 x3, DOS 11/14/13:** Upheld

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

**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 Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole (Protonix)).

**Decision rationale:** CA MTUS does not address this issue. ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. There is no documentation in the reports reviewed that the patient has had a trial of a first-line agent. A specific rationale identifying why Protonix would be required in this patient despite lack of guidelines support was not provided. Therefore, the request for Retro: Protonix 20 mg #60 X3, DOS 11/14/13 was not medically necessary.

**Retro: Voltaren XR 100mg #60, x3 DOS 11/14/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair

bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. Recommend non-certification. In the reports reviewed, it is documented that the patient was previously on Naproxen. However, there was no discussion provided as to why Naproxen was discontinued and switched to a different NSAID. Guidelines recommend physicians to avoid Voltaren because of the significant risk of cardiovascular events. There is no rationale provided as to why the patient cannot take a first-line NSAID agent. Furthermore, there is no discussion of the risks versus benefits of using Voltaren in this patient. Therefore, the request for Retro:Voltaren XR 100 mg #60, X3 DOS 11/14/13 was not medically necessary.