

<b>Case Number:</b>	CM14-0114917		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 58 year old female who was injured on 09/08/2010. Past medications as of 11/20/2013 included cyclobenzaprine 7.5 mg, trazodone 50, Gabapentin, Losartan, and Pantoprazole. As of 01/21/2014, her medications included Butrans 5 mcg patch but is was discontinued as it caused the side effect of a rash. Progress report dated 07/08/2013 documented the patient to have complaints of chronic back pain and knee pain. On exam, she has 2 neuromas in the upper portion of wound. She is diagnosed with status post right total knee replacement with neuromae x2. It is noted that the patient has had great response to CSI in the past. She was prescribed Protonix 20mg, Flexeril 5mg, Colace 100 mg and Duragesic patch 12 mcg. Prior utilization review dated 07/02/2014 states the request for Protonix 20 mg #30 is denied as there is no documented evidence of functional benefit; Flexeril 5 mg #30 is modified to certify Flexeril 5 mg #20; Colace 100 mg #30; and Duragesic patch 12 mcg #4 are not certified as there is no evidence of functional benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Proton pump inhibitors; Mdconsult.com, Pantaprazole

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 68-69.

**Decision rationale:** The CA MTUS recommends PPI (proton pump inhibitor) for patients with gastrointestinal complaints. The medical records did not document any GI complaints. Further, the documents on a Progress Report dated July 7, 2014 show that the patient was prescribed Prilosec 20 mg (another PPI). Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.

**Flexeril 5mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation ODG, Muscle relaxants, Pain, Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodic Page(s): 64.

**Decision rationale:** The CA MTUS recommends Cyclobenzaprine for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The medical records on Follow-Up report dated November 20, 2013 document the patient has been on this medication since then. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.

**Colace 100mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation and on Other Medical Treatment Guideline or Medical Evidence:  
<http://www.webmd.com/drugs/2/drug-323/docusate-sodium-oral/details>

**Decision rationale:** The ODG recommends that if prescribing Opioids has been determined to be appropriate, then prophylactic treatment of constipation should be initiated. The Prior Utilization Review dated July 2, 2014 has denied the request for Norco and therefore, there is no need for Colace. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.

**Duragesic patch 12mcg, #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic  
Page(s): 44.

**Decision rationale:** The CA MTUS recommends that Opioids should be discontinued if there is no overall improvement in function. The medical records on a follow-up visit dated January 21, 2014 document the patient to be on Butrans patches 5mcg/ patch, 1 patch/ 7 days. However, there was no documented improvement in the patient condition. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.