

<b>Case Number:</b>	CM14-0041445		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiologist 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 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:

According to the records made available for review, this is a 44-year-old male with a 1/27/13 date of injury. At the time (3/28/14) of the Decision for Pantoprazole 20mg (quantity unknown) and Cyclobenzaprine 7.5mg (quantity unknown), there is documentation of subjective (pain in the cervical spine that radiates to the bilateral shoulders) and objective (tenderness to the wrists and palmar side of the thumbs and thenars, end range of motion pain to bilateral wrists) findings, current diagnoses (bilateral wrist/hand sprain/strain, rule out carpal tunnel syndrome), and treatment to date (medication including Cyclobenzaprine for at least 3 months). Regarding Pantoprazole 20mg (quantity unknown), there is no documentation of risk for gastrointestinal event and that Pantoprazole is being used as a second-line. Regarding Cyclobenzaprine 7.5mg (quantity unknown), there is no documentation of acute muscle spasm; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; a reduction in the use of medications or medical services with use of Cyclobenzaprine; and the intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, (Pain

Chapter): Proton pump inhibitors (PPIs) Food and Drug Administration  
<http://www.drugs.com/drugs.com/cdi/pantoprazole.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist/hand sprain/strain, rule out carpal tunnel syndrome. However, there is no documentation of risk for gastrointestinal event and that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20mg (quantity unknown) is not medically necessary.

**Cyclobenzaprine 7.5mg (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist/hand sprain/strain, rule out carpal tunnel syndrome. In addition, there is documentation of treatment with Cyclobenzaprine for at least 3 months. However, there is no documentation of acute muscle spasm. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cyclobenzaprine. Furthermore, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 10/30/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg (quantity unknown) is not medically necessary.

