

<b>Case Number:</b>	CM14-0042439		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/02/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 43-year-old male with a 6/2/03 date of injury. The patient described that the injury occurred when he was lifting 150 to 250 pounds, and felt sharp back pain. According to a 3/14/14 progress note, the patient reported continued pain to multiple body parts and had significant lower back pain. Objective findings: paraspinal tenderness to palpation of cervical spine, spasm noted about the bilateral trapezial areas, ROM is painful, tenderness to palpation of thoracolumbar spine. Diagnostic impression: disc bulge of cervical spine, thoracic spine, and lumbar spine; low testosterone; history of meningitis; history of seizure disorder. Treatment to date: medication management, activity modification. A UR decision dated 3/14/14 denied the requests for Protonix, Flexeril, and Norco. Regarding Norco, according to the submitted documentation, the provided has changed opioid medications on multiple occasions throughout this patient's treatment history. The patient's condition has not significantly changed in over 1 year. Guidelines do not support the addition of an additional opioid medication, the switching of one opioid medication to another, or the continued use of opioids without clearly documented evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** 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 ChapterFDA (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 that the patient is suffering from gastrointestinal symptoms in the reports reviewed. In addition, there is no documentation that the patient has had a trial of Omeprazole or Lansoprazole. Therefore, the request for Protonix 20 mg #60 was not medically necessary.

**Flexeril 7.5mg #90:** Upheld

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

**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 cyclobenzaprine since at least 2/21/14, if not earlier. Guidelines do not support the long-term use of Cyclobenzaprine. Therefore, the request for Flexeril 7.5 mg #90 was not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, in a progress note dated 3/14/14, it is documented that the physician is adding Zohydro, an extended release formulation of hydrocodone, to the patient's medication regimen. There is no rationale provided as to why the patient would need 2 different

formulations of the same active ingredient, hydrocodone. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325 mg #120 was not medically necessary.