MAXIMUS Federal Services

Case Number:	CM14-0045292		
Date Assigned:	06/27/2014	Date of Injury:	11/03/2010
Decision Date:	08/12/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 47-year-old with a reported date of injury of 11/03/2010. The patient has the diagnoses of C6-7 degenerative disc disease with C7 neuroforaminal narrowing. The mechanism of injury occurred when the patient was carrying a 40 pound oil pan. The progress notes provided by the primary treating physician dated 03/06/2014 indicates the patient was there to be seen for follow-up. The patient was on modified duty with no lifting greater than 10 pounds and no overhead work. Physical exam showed pain with cervical flexion and rotation. Manual traction maneuver reduced neck pain. The treatment plan consisted of continuation of medication and a home cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflamatories (NSAID) Page(s): : 72, 68,69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to the California MTUS section on chronic pain and NSAID use with GI symptoms:Patients at intermediate risk for gastrointestinal events and no cardiovascular

disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent.Risk is determined as follows:(1)age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions.The patient has no documented risk factors and thus does not meet criteria for the addition of a proton pump inhibitor such as Protonix. For these reasons the medication is not medically necessary.

Fexmid 7.5 mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): : 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-SPASMODICS Page(s): 63-64.

Decision rationale: According the the California MTUS section on anti-spasmodics and chronic pain, the medication Fexmid which is cyclobenzaprine, is addressed as follows:Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for ashort course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine 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. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment.There is no indication for the ongoing, chronic use of this medication and thus it is not medically necessary.

Terocin lotion 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): : 105,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According the the California MTUS section on anti-spasmodics and chronic pain, the medication Fexmid which is cyclobenzaprine, is addressed as follows:Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for ashort course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine 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. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment.There is no indication for the ongoing, chronic use of this medication and thus it is not medically necessary.