

Case Number:	CM14-0046794		
Date Assigned:	09/12/2014	Date of Injury:	03/24/2008
Decision Date:	10/07/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 female patient who reported an industrial injury on 3/24/2008, over 6 years ago, attributed to the performance of her usual and customary job tasks. The treating diagnoses included residual left leg radiculopathy; L1-L2 disc protrusion/extrusion; reactive depression; GERD; hyperparathyroidism; parathyroid adenoma; hypothyroidism; hypertension; obesity; possible diabetes; status post right elbow dislocation and possible avulsion fracture; cervical facet syndrome; status post L3-L4 and L4-L5 laminectomy and discectomy 2009. The patient was evaluated in follow-up and complained of low back pain; right lower extremity pain; and right elbow pain. The patient has completed two of the authorized sessions of recent physical therapy. The patient is taking Percocet to per day. Patient also takes naproxen 550 mg "sparingly;" cyclobenzaprine 10 mg 1-2 PRN; pantoprazole 20 mg two tabs per day and Celexa. The objective findings on examination included walked with a slow antalgic gait using a cane; tenderness along the lateral medial epicondyles on the right elbow; mild depression. The patient was prescribed cyclobenzaprine 10 mg #60; and pantoprazole 20 mg #60. Patient was also prescribed nortriptyline 10 mg #30 to help with sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; Muscle relaxants; Cyclobenzaprine

Decision rationale: The prescription for Flexeril (Cyclobenzaprine) 10 mg #60 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck and back pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine/Flexeril for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that cyclobenzaprine is recommended for a short 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. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 10 mg #60 for the effects of the industrial injury.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication; NSAIDs Page(s): 67-68, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Protonix 20 mg #60 routinely for prophylaxis for the prescribed pain management medications stated as Naproxen being taken "sparingly."The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump

inhibitors such as Omeprazole or Protonix. The patient is documented to be taking only an occasional Naproxen; however, there is no documented GI issue. There is no industrial indication for the use of Protonix due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Protonix is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Protonix automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Protonix without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Protonix was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for Protonix 20 mg #60.