

<b>Case Number:</b>	CM14-0062356		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 injured worker is a 45-year-old female, who reported injury on 06/27/2011. Mechanism of injury is due to repetitive pulling from work. The injured worker has diagnoses of lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and posterior annular tear at L5-S1 level. Past medical treatment consists of surgery, physical therapy, transforaminal epidural injection, medial branch block, acupuncture, and medication therapy. Medications include ibuprofen, Protonix, and Flexeril. The treatment plan is for the injured worker to continue the use of Flexeril and Protonix. MRI revealed that the injured worker had evidence of neural foraminal stenosis. On 04/10/2014, the injured worker complained of back pain. Physical examination revealed that the injured worker rated her pain at a 6/10. The injured worker had an antalgic gait to the right. There was diffuse tenderness over the lumbar paraspinal muscles. There was moderate facet tenderness at the levels of L4-S1. Piriformis tenderness and piriformis stress were negative bilaterally. The injured worker showed no evidence of peptic ulcer disease, diarrhea, constipation, or irritable bowel syndrome. Provider feels that the medications are helping with the injured worker's ability to manage her pain levels. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg 1 by mouth 3 times a day as needed #60: 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 MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** The request for Flexeril 7.5 mg is not medically necessary. California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been documented as having muscle spasms to warrant Flexeril. However, the guidelines recommend short term utilization of this medication, and the injured worker has been taking this medication since at least 01/16/2014. Additionally, the request as submitted failed to provide the duration of the medication. Therefore, the request for Flexeril 7.5 mg 1 three times a day is not medically necessary.

**Protonix 20mg one by mouth 3 times a day #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Protonix 20 mg 1 tablet 2 times a day is not medically necessary. California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications, who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking ibuprofen. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted failed to include a duration of the medication. As such, the request for Protonix 20 mg 1 tablet 2 times a day is not medically necessary.