MAXIMUS Federal Services

| Case Number: | CM14-0065217 | | |
|---|---|---|---|
| Date Assigned: | 07/11/2014 | Date of Injury: | 12/31/1997 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

## 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 & Rehabilitation, has a subspecialty in Interventional Spine and 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:

The patient is a 61 year old with an injury date on 12/31/97. Patient complains of chronic lower lumbar pain with associated numbness in the bilateral thighs and the right knee/foot with pain rated 5/10 per 3/28/14 report. Patient has trouble sleeping and also suffers from urinary leakage however, this problem has been ongoing since her hysterectomy and the patient also indicates she is able to control her bowel per 3/28/14 report. As none of the progress reports or request for authorizations contained any diagnoses the 5/2/14 utilization review letter was consulted for the following diagnoses: 1. Cervical and Lumbar Disc Displacement 2. Lower Leg Osteoarthritis Exam on 3/28/14 showed decreased range of motion in the lumbar spine secondary to pain. Positive lumbar tenderness and paraspinous muscle spasms. Sensation is intact over all dermatomes of lower extremities except medial aspect of right leg below the knee and above the ankle Babinski sign is absent. [redacted] is requesting retrospective review for date of service (DOS) 2/14/14 for pharmacy purchase of Cyclobenzaprine HCL 7.5mg #30, retrospective review for date of service (DOS) 2/14/14 for pharmacy purchase of Naproxen SOD 550mg #60 and retrospective review for date of service (DOS) 2/14/14 for pharmacy purchase of Pantoprazole SOD 20mg #30. The utilization review determination being challenged is dated 5/2/14 and rejects Naproxen due to patient's hypertension, and modifies Pantoprazole from 60 to 30. [redacted] is the requesting provider and he provided treatment reports from 11/22/13 to 3/28/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REVIEW FOR DATE OF SERVICE (DOS) 02/14/14 FOR PHARMACY PURCHASE OF CYCLOBENZAPRINE HCL 7.5MG, #30:** Upheld

**Claims Administrator guideline:** Decision on the MTUS Chronic Pain Medical Treatment Guidelines, and the Non-MTUS Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision on the MTUS Chronic Pain Medical Treatment Guidelines for Flexeril, pg 41-42 and Muscle Relaxants page 63-66.

**Decision rationale:** This patient presents with lower back pain and lower extremity numbness. The provider has asked for retrospective review for date of service (DOS) 2/14/14 for pharmacy purchase of Cyclobenzaprine HCL 7.5mg #30 on 3/28/14 to help her lower extremity numbness. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the provider does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. Recommendation is not medically necessary.

**RETROSPECTIVE REVIEW FOR DATE OF SERVICE (DOS) 02/14/14 FOR PHARMACY PURCHASE OF NAPROXEN SOD 550MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain, page 60-61 and NSAIDs, page 67-68.

**Decision rationale:** This patient presents with low back pain and lower extremity numbness. The provider has asked for retrospective review for date of service (DOS) 2/14/14 for pharmacy purchase of Naproxen SOD 550mg #60 on 3/28/14. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period acute exacerbation of chronic back pain as second line to acetaminophen and chronic low back pain for short-term symptomatic relief. In this case the patient has a diagnosis of lower extremity arthritis and the requested Naproxen is reasonable for this type of condition. Recommendation is medically necessary.

**RETROSPECTIVE REVIEW FOR DATE OF SERVICE (DOS) 02/14/14 FOR PHARMACY PURCHASE OF PANTOPRAZOLE SOD 20 MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Proton Pump Inhibitors.

**Decision rationale:** This patient presents with low back pain and lower extremity numbness. The provider has asked for retrospective review for date of service (DOS) 2/14/14 for pharmacy purchase of Pantoprazole SOD 20mg #60 on 3/28/14. Regarding Protonix ODG indicates as second-line use for GERD symptoms if trials of Prilosec or Prevacid have failed. MTUS also does not support PPI's unless GI risk assessments are provided when used on a prophylactic basis for NSAID potential gastric side effects. In this case the provider does not provide GI assessment and no documentation of any GI problems to warrant the use of Pantoprazole. There is no documentation that the patient has tried other PPI’s. Recommendation is not medically necessary.