

<b>Case Number:</b>	CM14-0086501		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Physical Medicine & Rehabilitation 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 57 year-old female who reported a work related injury on 09/01/2010. The mechanism of injury was due to the injured worker tripping and falling over a curb in the parking lot. Her diagnoses consist of a lumbar sprain/strain and herniated lumbar disc in the lumbar spine; sprain/strain to left wrist and carpal tunnel to left hand; and right shoulder sprain/strain, tendinitis, impingement, and supraspinatus tear. Past treatment has included conservative treatment with physical therapy, cortisone injections, and medication. Diagnostic tests were not provided for review. Surgical history has included a left shoulder arthroscopy, and left carpal tunnel release. Her subjective complaints on 01/31/2014, consisted of low back pain with radicular symptoms in legs, the injured worker also stated the right shoulder cortisone injections on her last visit gave transient relief. On progress report dated 03/14/14, it is indicated that also had continued lower back pain. The injured worker also complained of right shoulder pain aggravated with overhead reaching. On exam, there is limited range of motion, tightness in the lumbar paraspinal muscle, and positive impingement test with subacromial grinding and clicking in the right shoulder. The documentation submitted upon examination, revealed objective findings that consisted of lumbar range of motion at 50 degrees during flexion, 20 degrees with extension, 20 degrees when bending laterally on right and left side, straight leg raise 75 degrees bilaterally. It was noted that there was slight tightness and spasm in the lumbar paraspinal musculature bilaterally. Medications included one tablet of 550 mg of Naproxen twice a day and one tablet of 150 mg of Tramadol every 4 to 6 hours. Treatment plan included a request for lumbar epidural steroid injections at L4-5 and L5-S1 for therapeutic and analgesic purposes and 7.5 mg of Flexeril three times a day as a muscle relaxant, as well as an initial request for Pantoprazole 20mg, #30. The rationale for 7.5 mg of Flexeril is to relax muscle

spasms, and the rationale for Pantoprazole is not available in the documentation for review. The request for authorization was not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Flexeril 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs/ Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary, last updated 4/10/14, Antispasticity/ Antispasmodic drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-64.

**Decision rationale:** The request for 7.5 mg of Flexeril is not medically necessary. According to the California MTUS, Flexeril 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 and treatment should be brief. More specifically, the guidelines recommend no longer than 2-3 weeks use. The physical examination on 01/31/2014, it was stated that the injured worker had relief using 7.5 mg of Flexeril and the patient will continue to use for the next 6 weeks. As such, documentation shows evidence of the injured worker consuming Flexeril longer than the California MTUS recommend. Therefore, the continuation of Flexeril 7.5 mg is not medically necessary.

#### **Pantoprazole 20mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Pain Procedure Summary last updated 4/10/14 and Mdconsult.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** In regards to the request for Pantoprazole 20mg #30, The California MTUS does not precisely address this request. However, the California MTUS Guidelines state that Proton Pump Inhibitors may be recommended for patients who are taking non-steroidal anti-inflammatory drugs (NSAIDs) and are at increased risk for gastrointestinal complications or for those with complaints of dyspepsia related to NSAID use. With the documentation provided for review, the injured worker was noted to be using Naproxen, but there is no mention of ongoing gastrointestinal complaints or significant risk factors for gastrointestinal events. Documentation of ongoing gastrointestinal complaints with non-steroidal anti-inflammatory drug use would have to be provided to consider the use of Pantoprazole 20mg #30. Additionally, the frequency was not noted with the request. Therefore, this medication request for Pantoprazole 20mg #30 is not medically necessary.

