

<b>Case Number:</b>	CM14-0193335		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Anesthesiology, has a subspecialty in 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:

According to the records made available for review, this is a 59-year-old female with a 7/29/14 date of injury. At the time (10/14/14) of request for authorization for Cyclobenzaprine 7.5mg #60, Pantoprazole 20mg #60, and Flurbiprofen 20%/Tramadol 20% in mediderm base 30gm, there is documentation of subjective (low back and neck pain moderate to severe, intermittent and exacerbated by movement) and objective (neck stiffness, spasms of the neck, spasms in the thoracolumbar spine and paravertebral musculature) findings, current diagnoses (muscle spasms back, muscle spasms of neck, cervical sprain/strain, and lumbar sprain/strain), and treatment to date (activity modification, chiropractic, and medications (including ongoing use of nabumetone and cyclobenzaprine since at least 7/14)). Regarding the requested Cyclobenzaprine 7.5mg #60, there is no documentation of an acute exacerbation of chronic low back pain, that cyclobenzaprine is being used as a second line option, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of cyclobenzaprine use to date, and an intention for short-term (less than two weeks) treatment. Regarding the requested Pantoprazole 20mg #60, there is no documentation of risk for gastrointestinal event and that Pantoprazole used as a second-line. Regarding the requested Flurbiprofen 20%/Tramadol 20% in mediderm base 30gm, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #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): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) and on the Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of muscle spasms back, muscle spasms of neck, cervical sprain/strain, and lumbar sprain/strain. However, there is no documentation of an acute exacerbation of chronic low back pain and that cyclobenzaprine is being used as a second line option. In addition, given medical records reflecting prescription for cyclobenzaprine since at least 7/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of cyclobenzaprine use to date. Furthermore, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify that risk for gastrointestinal event includes age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of muscle spasms back, muscle spasms of neck, cervical sprain/strain, and lumbar sprain/strain. However, there is no documentation of risk for gastrointestinal event and Pantoprazole used as a second-line. Therefore, based on

guidelines and a review of the evidence, the request for Pantoprazole 20mg #60 is not medically necessary.

**Flurbiprofen 20%/Tramadol 20% in mediderm base 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of muscle spasms back, muscle spasms of neck, cervical sprain/strain, and lumbar sprain/strain. However, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20%/Tramadol 20% in mediderm base 30gm is not medically necessary.