MAXIMUS Federal Services

Case Number:	CM14-0193629		
Date Assigned:	12/01/2014	Date of Injury:	06/21/2011
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 70 year old male with an injury date of 06/21/11. The patient is status post Left L4-5 and L5-S1 hemilaminectomy, foraminotomy, and partial facetectomy, as per operative report dated 05/13/13. Based on 09/29/14 progress report, the patient complains of low back pain with resultant limitations in activity and function. Physical examination of the lumbar spine reveals tenderness to palpation. The range of motion is limited with flexion 60, extension 50, left and right lateral tilt 50, and left rotation 40 percent of normal. Straight leg raise is positive, gait is slightly antalgic, and Achilles deep tendon reflex (DTR) left 1+. The patient is experiencing difficulty arising from seated position. Medications, as per progress report dated 09/29/14, include Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. The patient underwent 12 sessions of post-operative physical therapy till date, as per progress report dated 11/04/14. Patient's disability status, as per progress report dated 09/29/14, is determined as permanent and stationary.Diagnosis, 09/29/14:- Status post left lumbar decompression at L4-5 and L5-S1 in May 2013- Chronic low back pain with lower extremity symptoms.The provider is requesting for (a) Pantoprazole 20 mg # 90 (b) Cyclobenzaprine 7.5 mg # 90 (c) Retrospective requests for LSO brace. The utilization review determination being challenged is dated 11/06/14. The rationale follows: (a) Pantoprazole 20 mg # 90 - "The FDA states that Pantoprazole (Protonix) is indicated for short-term treatment (7 - 10 days) of patients with gastroesophageal reflux disease (GERD) who have a history of irritation of the esophagus."(b) Cyclobenzaprine 7.5 mg # 90 - "This medication is not recommended to be used for longer than 2 - 3 weeks."(c) Retrospective request for LSO brace - "ACOEM Low Back Chapter identifies that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Treatment reports were provided from 05/13/13 - 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69. Decision based on Non-MTUS Citation Federal Drug Association (FDA).com http://www.drugs.com/pro/protonix.html.

Decision rationale: Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis of GI issues. Recommendation is for denial. Specific request, however FDA indications http://www.drugs.com/pro/protonix.html, are present "Protonix- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis."The first prescription for Pantoprazole and Naproxen (NSAID) was noted in the progress report dated 09/29/14. In the report, the provider states that "GI risk factors are present per lengthy discussion, hence, consistent with Guidelines PPI will be consumed prior to NSAID as described." The provider also states that there was a "failed trial of first-line Omeprazole, non-efficacious as the patient did continue to experience occasional GI adverse effects." The provider indicates that "Pantoprazole facilitates safer consumption of NSAID and greater adherence to NSAID consumption which facilitates objective improvement..." In this case, provider has discussed patient's GI risk. He documented failure of Omeprazole and current medication's prophylactic efficacy in maintaining patient's adherence to NSAIDs. Continued use of this PPI appears reasonable given its benefit. This request is medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Cyclobenzaprine (Flexeril)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-66.

Decision rationale: The patient is status post Left L4-5 and L5-S1 hemilaminectomy, foraminotomy, and partial facetectomy, as per operative report dated 05/13/13, and currently complains of low back pain with resultant limitations in activity and function, as per progress report dated 09/29/14. The request is for Cyclobenzaprine 7.5 mg # 90.MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as

a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain (LBP). The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."As per progress report dated 09/29/14, Cyclobenzaprine "decreases spasm average of 5 hours, with resultant improved range of motion, tolerance to exercise, and decrease in overall pain level 2-3 points." The report also states that the spasm had remained refractory to activity modification, physical therapy, stretching, heat, cold, home exercise before the use of Cyclobenzaprine. Guidelines do not suggest use of Cyclobenzaprine for longer than 2-3 weeks. Review of reports does not show when patient has started Cyclobenzaprine, as it is first mentioned in progress report dated 09/29/14. However, the request for quantity 90 does not indicate intended short-term use. The request is not medically necessary. Additionally, guidelines do not recommend use of Cyclobenzaprine for chronic use longer than 2-3 weeks. This request is not medically necessary.

Retrospective request for LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Lumbar Supports.

Decision rationale: The patient is status post Left L4-5 and L5-S1 hemilaminectomy, foraminotomy, and partial facetectomy, as per operative report dated 05/13/13, and currently complains of low back pain with resultant limitations in activity and function, as per progress report dated 09/29/14. The request is for retrospective request for LSO brace.ODG Guidelines, chapter 'Low Back Pain' and Title 'Lumbar Supports', state that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Medication is still under study for post-operative use." In this case, the provider does not discuss the purpose of a brace. The patient suffers from low back pain that is not related to compression fractures, spondylolisthesis, or instability. The use of lumbar supports such as back braces has not been proven for the management of post-operative pain. This request is not medically necessary.