

<b>Case Number:</b>	CM14-0197935		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	12/22/2000
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 54-year-old female with a 12/22/00 date of injury, and status post left knee arthroscopy. At the time (10/28/14) of request for authorization for Protonix 20mg 1 tab P.O. BID #60 and Flexeril 10mg 1 Tab P.O. BID #60, there is documentation of subjective (pain in the cervical spine, left shoulder, bilateral wrists, lumbar spine, and bilateral knees) and objective (cervical spine paraspinal tenderness and spasm, bilateral trapezius and rhomboid tenderness, moderate pain to palpation of the left acromioclavicular joint, facet tenderness, decreased range of motion; left shoulder decreased range of motion, positive Tinel's left wrist, bilateral wrist joint tenderness and pain on palpation; lumbar spine tenderness, facet tenderness, positive Faber's, sacroiliac thrust test, Yeoman's test, Kemp's and straight leg raise, decreased lumbar spine range of motion; moderate patellofemoral grinding, diffuse tenderness at the bilateral L5 dermatome) findings, current diagnoses (cervical sprain/strain, left shoulder internal derangement, right wrist sprain/strain, bilateral wrist carpal tunnel syndrome, lumbar disc disease, lumbar radiculopathy, lumbar musculoligamentous strain, status post left knee arthroscopy with residuals, right knee internal derangement), and treatment to date (activity modification and medications (including ongoing use of Motrin (800 mg one p.o. bid.), Protonix and Flexeril)). Regarding the requested Protonix 20mg 1 tab P.O. BID #60, there is no documentation of risk for gastrointestinal event and that Protonix is being used as a second-line. Regarding the requested Flexeril 10mg 1 Tab P.O. BID #60, there is no documentation of an acute exacerbation of chronic low back pain, that Flexeril 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 Flexeril use to date, and an intention for short-term (less than two weeks) treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg 1 tab P.O. BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**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 identifies 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 Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, left shoulder internal derangement, right wrist sprain/strain, bilateral wrist carpal tunnel syndrome, lumbar disc disease, lumbar radiculopathy, lumbar musculoligamentous strain, status post left knee arthroscopy with residuals, right knee internal derangement. However, there is no documentation of risk for gastrointestinal event and that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg 1 tab P.O. BID #60 is not medically necessary.

**Flexeril 10mg 1 Tab P.O. BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) 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 cervical sprain/strain, left shoulder internal derangement, right wrist sprain/strain, bilateral wrist carpal tunnel syndrome, lumbar disc disease, lumbar radiculopathy, lumbar musculoligamentous

strain, status post left knee arthroscopy with residuals, right knee internal derangement. However, there is no documentation of an acute exacerbation of chronic low back pain and that Flexeril is being used as a second line option. In addition, given medical records reflecting ongoing use of Flexeril, 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 Flexeril 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 Flexeril 10mg 1 Tab P.O. BID #60 is not medically necessary.