

<b>Case Number:</b>	CM14-0200300		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 58 year-old female with a history of a work injury occurring on 07/30/14 when, while working as a store manager and descending a ladder, she missed a step and fell, landing on her back. She was seen on 08/04/14. She was having low back and right buttock pain rated at 6/10. Pain was radiating into the right hip and groin. Her past medical history included ulcers/gastritis. Review of systems was positive for abdominal pain with constipation/diarrhea. Medications were Benazepril and hydrochlorothiazide. Physical examination findings included a normal gait. There was a positive right straight leg raise. Imaging results of the lumbar spine were reviewed. Orphenadrine citrate ER, acetaminophen, and Polar Frost Gel were prescribed. A lumbar spine support was provided. On 08/08/14 there had been no significant improvement. Light duty was not been accommodated. Pain physical examination findings included right buttock, greater trochanter, and groin tenderness. Medications were continued. Physical therapy treatment was pending. On 08/15/14 she had ongoing pain. She was having low back and bilateral shoulder pain. She had attended two physical therapy treatments. On 08/22/14 there had been no improvement after five therapy sessions. Medications were refilled. She was seen by the requesting provider on 11/10/14. Pain was rated at 8/10 without medications at 5/10 with medication. She was having low back pain radiating into the right hip, groin, and lower extremity. Physical examination findings included a slightly antalgic gait. She had decreased and painful lumbar spine range of motion with tenderness and spasms. She had right hip pain with range of motion. Imaging results were reviewed and had shown right hip degenerative changes and lumbar disc space narrowing. Naprosyn, Pantoprazole, and cyclobenzaprine were prescribed. She was referred for a surgery evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro Protonix Pantoprazole 20mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-70.

**Decision rationale:** The claimant is status post work-related injury as described above and was seen by the requesting provider approximately 3 months after injury. She has a history of gastritis and medications prescribed included Naprosyn. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain. She has a history of gastritis. She would be considered at intermediate risk for a GI event. For a patient at intermediate risk, guideline recommendations include a non-selective non-steroidal anti-inflammatory medication with a proton pump inhibitor such as pantoprazole. It was therefore medically necessary.

### **Retro Fexmid Cyclobenzaprine 7.5mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants Page(s): 41; 63.

**Decision rationale:** The claimant is status post work-related injury as described above and was seen by the requesting provider approximately 3 months after injury. The requesting provider documented lumbar spine muscle spasms and an initial prescription for cyclobenzaprine was provided. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy in patients with muscle spasms. In this case, when prescribed, the treating provider documented the presence of muscle spasms and a 30 day supply was prescribed. Therefore, Fexmid is medically necessary.