

<b>Case Number:</b>	CM15-0132778		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/14/2007
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old female, who sustained an industrial injury on August 14, 2007. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, toxicology screen, home exercise program, ice-heat therapy, TENS unit and epidural injections. Currently, the injured worker complains of low back pain that radiates down both her lower legs and is rated at 4 on 10. She reports intermittent weakness and feeling tired. The pain is aggravated by sitting, standing and walking and is relieved with the same. The injured worker is diagnosed with thoracic- lumbosacral neuritis-radiculitis (unspecified). She is currently working full time. A note, dated May 5, 2014, states the injured worker experienced relief from her pain medication by more than 50%. The note further states the injured worker experiences gastrointestinal issues and is prescribed Pantoprazole, which she finds to be very effective. A note, dated June 15, 2015, states the injured worker is starting to taper down Norco. It also states the injured worker will start working on reducing the Cyclobenzaprine. The following medications, Cyclobenzaprine #60 (for muscle spasms) and Pantoprazole 20 mg #60 (for gastric upset), both ordered on June 15, 2015, are requested to continue to provide the injured worker relief from her symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine, #60 dispensed 6/15/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker is using cyclobenzaprine in a chronic manner and there is no evidence of an acute exacerbation of pain. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine, #60 dispensed 6/15/15 is not medically necessary.

**Pantoprazole 20mg, #60 dispensed 6/15/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Pantoprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. Although the available documentation states that the injured worker has "gastrointestinal events" while using NSAIDs it does not elaborate on the issue. There is no indication that the injured worker has had an actual gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Pantoprazole when using NSAIDs. The request for Pantoprazole 20mg, #60 dispensed 6/15/15 is not medically necessary.