

Case Number:	CM15-0135265		
Date Assigned:	07/23/2015	Date of Injury:	06/13/2013
Decision Date:	08/20/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 06/13/2013. She has reported injury to the low back. The diagnoses have included lumbago with lower extremity radiculopathy; lumbar spondylosis; lumbar disc displacement without myelopathy; and chronic pain syndrome. Treatment to date has included medications, diagnostics, ice, heat, bracing, massage therapy, acupuncture, chiropractic therapy, physical therapy, and home exercise program. Medications have included Diclofenac Sodium, Ibuprofen, Tylenol Extra Strength, Cyclobenzaprine, and Pantoprazole. A progress report from the treating physician, dated 06/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain; the pain is rated as 8/10 with zero being no pain and 10 having the worst pain possible; the pain radiates to the left leg and right leg; it is associated with numbness and tingling; relieving factors include medication; medication side effects include abdominal pain; pain is alleviated somewhat by current medications; the level of sleep has decreased due to difficulty in falling asleep and difficulty in staying asleep; and the pain level has remained unchanged since the last visit. Objective findings included gait is normal; ambulates without a device; lumbar range of motion is restricted with flexion and extension and limited by pain; on palpation, paravertebral muscles, tenderness, and tight muscle band is noted on both sides; spinous process tenderness is noted on L4 and L5; lumbar facet loading is positive on both sides; straight leg raising test is positive on the left side; lumbar facet loading is positive; and light touch sensation is decreased over the lateral and medial calf on the right side. The treatment plan has included the request for Pantoprazole Sodium DR 20mg 1 tablet by mouth

OD quantity 30; Cyclobenzaprine 5mg 1 tablet by mouth at bedtime quantity 30; and Tylenol ES 500mg 1 tablet by mouth 4 times a day quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole sodium DR 20mg 1 tablet by mouth OD qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.

Cyclobenzaprine 5mg 1 tablet by mouth at bedtime qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged in combination with NSAIDs. The claimant was also transitioned with Tylenol ES and would no longer need NSAIDS. Continued use of Pantoprazole is not medically necessary.

Tylenol ES 500mg 1 tablet by mouth 4 times a day qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

Decision rationale: According to the guidelines, Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain. In this case, the claimant had been on NSAIDs for several months, which increases GI and renal risks. The use of Tylenol for back pain is medically necessary.