

Case Number:	CM15-0148261		
Date Assigned:	08/11/2015	Date of Injury:	08/22/2012
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 46-year-old female who sustained an industrial injury on August 22, 2012 resulting in radiating low back and left leg pain. She was diagnosed with lumbar sprain, spinal instability and stenosis of L4, L5, and S1, and severe chronic unremitting low back pain with bilateral lower extremity radiculopathy. Documented treatment has included physical therapy, epidural steroid injections, work modifications, medication, with temporary relief. The injured worker continues to present with severe low back and left leg pain, limiting her ability to perform activities of daily living. The treating physician's plan of care includes Flexeril 7.5 mg, Protonix 20 mg, and Ultram 50 mg. Work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 7.5mg #90 x 3 bottles Qty: 270.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Medications for chronic pain, Antispasmodics Page(s): 41-42, 48, 60-64.

Decision rationale: This is a review of Flexeril, also known as Cyclobenzaprine. Cyclobenzaprine is a muscle relaxant and a central nervous system depressant. According to MTUS Guidelines, it is recommended as a short course of therapy for the management of back pain. However, according to MTUS Guidelines starting prescription medication for chronic pain should occur after a determination is made regarding the reason for using a particular medication, potential benefits/adverse effects and patient preferences. As a central nervous system depressant the side effects of Cyclobenzaprine include drowsiness and urinary retention and headaches. There is documented evidence of a previous prescription for Cyclobenzaprine. There is no documented evidence delineating the reason or reasons Cyclobenzaprine is being prescribed nor any documentation of discussion of side effects or patient preferences. Therefore, the above listed issue is considered to be NOT medically necessary.

Protonix (Pantoprazole Sodium DR) 20mg #60 x3 bottles Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms Page(s): 68-69.

Decision rationale: This is a review for the request of Protonix also known as Pantoprazole. Pantoprazole is a proton pump inhibitor used to treat patients with dyspepsia, peptic ulcer disease or patients taking Non-steroidal Anti-inflammatory Drugs (NSAIDs) who are also at intermediate to high risk for gastrointestinal events. According to the MTUS Guidelines, the first step is to determine if the patient is at risk for gastrointestinal events based on several criteria. There is no documented evidence of evaluation and determination of risk for gastrointestinal events. There are no documented subjective complaints or objective evidence of acid reflux, dyspepsia or peptic ulcer disease. MTUS Guideline recommends Non-selective NSAIDs in patients without risk factors. Proton pump inhibitors, such as Pantoprazole, are only recommended for patients with intermediate to high risk for gastrointestinal events. Therefore, the above listed issue is considered to be NOT medically necessary.

Ultram (Tramadol) 50mg #60 x 3 bottles Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-91, 123.

Decision rationale: Tramadol is a synthetic opioid. Tramadol inhibits the reuptake of serotonin and norepinephrine in the central nervous system. According to the MTUS guidelines opioid therapy is recommended for short term pain relief. Occupational Medicine Practice Guidelines

do not recommend a course of opioids for more than two weeks. According to MTUS Guidelines, if the patient fails to respond to a time-limited course of short acting opioids there is a suggestion of reassessment and consideration of alternative therapy. There is no clearly documented evidence of reassessment and consideration of alternative therapy. For ongoing management with opioid medications recommendations include an assessment of current pain, least reported pain over a period since last assessment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assessment. Therefore, the above listed issue is considered NOT medically necessary.