MAXIMUS Federal Services

Case Number:	CM15-0165882		
Date Assigned:	09/03/2015	Date of Injury:	05/21/2014
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on May 21, 2014. He reported injury to his low back due to repetitive motion. The injured worker was diagnosed as having lumbar myalgia, lumbar myospasm and lumbar neuritis-radiculitis. Treatment to date has included diagnostic studies, medication and acupuncture with no relief. On July 9, 2015, the injured worker complained of sharp pain in the lower back with radiation to the lower extremities. The pain was rated as a 6 on a 1-10 pain scale without medication. Physical examination of the lumbar spine revealed muscle spasm and tenderness to palpation. There was a decrease in range of motion with pain and discomfort. Straight leg raise test was noted to cause pain. The treatment plan included medication and urine toxicology. A request was made for Cyclobenzaprine 7.5mg and Pantoprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The 52 year old patient complains low back pain, rated at 7/10, and has been diagnosed with lumbar myospams and myalgias with bilateral radiculopathy, as per progress report dated 08/04/15. The request is for Cyclobenzaprine 7.5mg #60. There is no RFA for this case, and the patient's date of injury is 05/21/14. Diagnoses, as per progress report dated 08/04/15, included lumbar radiculopathy and lumbar sprain/strain. Medications, as per progress report dated 07/09/15, included Diclofenac, Tramadol and Pantoprazole. The patient has returned to full duty, as per progress report dated 08/04/15. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a prescription for Flexeril is first noted in progress report dated 07/07/15. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. There is no documentation of efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of Flexeril beyond a 2 to 3 week period. Hence, the request for #60 IS NOT medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The 52 year old patient complains low back pain, rated at 7/10, and has been diagnosed with lumbar myospams and myalgias with bilateral radiculopathy, as per progress report dated 08/04/15. The request is for Pantoprazole 20mg #60. There is no RFA for this case, and the patient's date of injury is 05/21/14. Diagnoses, as per progress report dated 08/04/15, included lumbar radiculopathy and lumbar sprain/strain. Medications, as per progress report dated 07/09/15, included Diclofenac, Tramadol and Pantoprazole. The patient has returned to full duty, as per progress report dated 08/04/15. Regarding Protonix, or a proton pump inhibitor, MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Of GI issues: Recommendation is for denial. Specific request, however FDA indications http://www.drugs.com/pro/protonix.html, are present "

PROTONIX-Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, a prescription for Pantoprazole is first noted in progress report dated 07/07/15. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. The treater does not explain the purpose of this medication. The progress report does document the use of Naproxen, an NSAID. Subsequent reports document the use of Diclofenac as well. However, there is no diagnosis of medication-induced gastritis or indication of failure of first-line proton pump inhibitors. The treater does not provide the patient's GI risk assessment as well. Hence, the request IS NOT medically necessary.