

Case Number:	CM15-0185234		
Date Assigned:	09/25/2015	Date of Injury:	05/21/2007
Decision Date:	11/12/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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:

This 57 year old male sustained an industrial injury on 5-21-07. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease, lumbar radiculopathy, cervical disc degenerative disc disease, chronic pain syndrome, shoulder pain and knee pain. Previous treatment included physical therapy, aqua therapy, epidural steroid injections and medications. In a PR-2 dated 12-4-14, the injured worker complained of pain to the right lower extremity, left knee, neck and left shoulder. The injured worker's pain was not quantified. The treatment plan included prescriptions for Flexeril, Protonix and Ultram ER. In PR-2's dated 3-30-15 and 5-5-15, the injured worker complained of pain 10 out of 10 without medications and 6 out of 10 with medications. In a PR-2 dated 8-18-15, the injured worker complained of right lower extremity, left knee, left shoulder pain, rated 10 out of 10 on the visual analog scale. The injured worker reported that a recent switch to Tylenol #3 was not effective and that his pain remained high. Physical exam was remarkable for lumbar spine with "restricted" range of motion in all planes, tenderness to palpation to bilateral paraspinal musculature and sacroiliac spine and positive bilateral straight leg raise and Faber test and left knee with "restricted" range of motion due to pain, tenderness to palpation over the joint lines, positive anterior drawer test and patellar grind test and decreased sensation in bilateral L5 to S1 distribution. The injured worker had been prescribed Protonix and Cyclobenzaprine since at least 12-4-14. The treatment plan included a trial of Percocet and topical compound cream, discontinuing Tylenol #3, continuing Cyclobenzaprine and Protonix and a referral to psychiatry. On 8-24-15, Utilization Review noncertified a request for Cyclobenzaprine 7.5mg #90 and

Protonix 20mg #30 and modified a request for Percocet 7.5-325mg #90 to Percocet 7.5-325mg #68.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg # 90: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Based on the 08/18/15 progress report provided by treating physician, the patient presents with pain to the right lower extremity, left knee, neck, and left shoulder. The patient is status post left rotator cuff arthroscopy April 2004. The request is for CYCLOBENZAPRINE 7.5MG # 90. Patient's diagnosis per Request for Authorization form dated 07/14/15 and 08/18/15 includes lumbar degenerative disc disease, thoracic and lumbar radiculopathy, cervical degenerative disc disease, shoulder and knee pain, and headache. A powered cart for ambulation assists the patient. Physical examination to the lumbar spine on 08/18/15 revealed tenderness to palpation to bilateral paraspinal musculature and sacroiliac spine. Positive bilateral straight leg raise and Faber tests. Treatment to date has included imaging studies, physical and aquatic therapy, injections and medications. Patient's medications include Protonix, Cyclobenzaprine and Percocet. Patient's work status not provided. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Cyclobenzaprine (Flexeril) has been included in patient's medications, per progress reports dated 12/04/14 and 07/14/15. It appears this medication was initiated on 12/04/14 when Zanaflex was discontinued. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 12/04/14. The request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 90 is excessive and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Protonix Dr 20mg # 30: Overturned

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: Based on the 08/18/15 progress report provided by treating physician, the patient presents with pain to the right lower extremity, left knee, neck, and left shoulder. The patient is status post left rotator cuff arthroscopy April 2004. The request is for PROTONIX DR 20MG # 30. Patient's diagnosis per Request for Authorization form dated 07/14/15 and 08/18/15 includes lumbar degenerative disc disease, thoracic and lumbar radiculopathy, cervical degenerative disc disease, shoulder and knee pain, and headache. A powered cart for ambulation assists the patient. Physical examination to the lumbar spine on 08/18/15 revealed tenderness to palpation to bilateral paraspinal musculature and sacroiliac spine. Positive bilateral straight leg raise and Faber tests. Treatment to date has included imaging studies, physical and aquatic therapy, injections and medications. Patient's medications include Protonix, Cyclobenzaprine and Percocet. Patient's work status not provided. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS 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. Protonix has been included in patient's medications, per progress reports dated 12/04/14 and 07/14/15. It appears this medication was initiated on 12/04/14 when Omeprazole was discontinued. Per 09/04/15 report, the patient is "positive for gastroesophageal reflux disease." In this case, the patient presents with GERD, for which prophylactic use of PPI is indicated. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

Percocet 7.5/325 mg # 90: Overturned

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): Medications for chronic pain.

Decision rationale: Based on the 08/18/15 progress report provided by treating physician, the patient presents with pain to the right lower extremity, left knee, neck, and left shoulder. The patient is status post left rotator cuff arthroscopy April 2004. The request is for PERCOCET 7.5/325 MG # 90. Patient's diagnosis per Request for Authorization form dated 07/14/15 and 08/18/15 includes lumbar degenerative disc disease, thoracic and lumbar radiculopathy, cervical degenerative disc disease, shoulder and knee pain, and headache. A powered cart for ambulation assists the patient. Physical examination to the lumbar spine on 08/18/15 revealed tenderness to palpation to bilateral paraspinal musculature and sacroiliac spine. Positive bilateral straight leg raise and Faber tests. Treatment to date has included imaging studies, physical and aquatic therapy, injections and medications. Patient's medications include Protonix, Cyclobenzaprine and Percocet. Patient's work status not provided. MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Per 08/18/15

report, Tylenol #3 is being stopped and the patient is being initiated on a trial of Percocet. Treater states medication risk and benefits were discussed as well as treatment options. Treater continues to state, "The patient has been instructed as to the type of medication prescribed along with directions for use. Potential side effects have been discussed, along with risks and benefits of taking this medication. [The patient] was instructed what to do if they experience side effects, including when to discontinue the medication. He was advised to call this office in this event." Given this patient's diagnosis and pain symptoms unresolved by Tylenol #3, a trial of Percocet appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.