

<b>Case Number:</b>	CM15-0187500		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, North Carolina  
 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 49 year old male with an industrial injury date of 03-08-2011. Medical record review indicates he is being treated for pain in joint of lower leg and current tear of cartilage or meniscus of knee. Subjective complaints (08-26-2015) included right knee pain rated as 8 out of 10. The pain is characterized as "cramping and stabbing." The injured worker described his pain as "moderate" rating it as 7 out of 10 before Ibuprofen and 6 out of 10 afterwards. He stated the pain relief lasted for about an hour. The treating physician indicated medication side effects included symptoms of "heartburn" after eating. The injured worker also noted his quality of sleep was "poor." In the treatment note dated 07-29-2015 the injured worker rated his pain as 5 out of 10 with complaints of heartburn after eating. The injured worker states he is only able to walk 2 blocks (08-26-2015) until he has pain. In the initial pain management (01-26-2015) the injured worker noted he could walk "about 3 blocks." His medications included Ibuprofen (since at least 01-26-2015), Cyclobenzaprine and Pantoprazole (both added on 07-29-2015. Prior treatment included physical therapy, exercise, heat, ice TENS unit, psychotherapy and chiropractic manipulations. Physical exam (08-26-2015) findings included mild swelling of the right knee joint. Range of motion was restricted and limited by pain. The treating physician indicated the injured worker tolerated the medications well, showed no evidence of developing medication dependency. The treatment request is for: Retrospective request for Pantoprazole 20 mg tablet #60 (prescribed 08/26/2015); Retrospective request for Cyclobenzaprine 5.0 mg #30 (prescribed 08/26/2015) On 09-08-2015, the request for the treatments listed below was non-certified

by utilization review: Retrospective request for Pantoprazole 20 mg tablet #60 (prescribed 08/26/2015); Retrospective request for Cyclobenzaprine 5.0 mg #30 (prescribed 08/26/2015).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request for Cyclobenzaprine 5.0mg #30 (prescribed 08/26/2015): 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), Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Guidelines state those muscle relaxants are recommended with caution as second-line treatment options in the managements of acute exacerbations in patients with chronic pain. In this case, there is no evidence of an acute exacerbation that would support the use of a muscle relaxant. Guidelines also recommend that the use of a muscle relaxant be limited to 2-3 weeks. This patient has far exceeded these guidelines. Long-term use of muscle relaxants is associated with dependence and efficacy diminishes over time. Therefore, the request is not medically necessary or appropriate.

**Retrospective request for Pantoprazole 20mg tablet #60 (prescribed 08/26/2015): 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:** CA MTUS Guidelines support the use of proton pump inhibitors in patients taking NSAIDs who have risk factors for GI events. These risk factors include age greater than 65 years, history of peptic ulcer disease, GI hemorrhage or perforation, concomitant use of ASA, corticosteroids or anticoagulants and use of multiple/high dose NSAIDs. In this case, the patient does not have any of these risk factors. The patient complains of heartburn with NSAID use. Pantaprazole is being prescribed to treat the heartburn, however it is not considered to be a first-line PPI. There is no evidence that the patient has had a trial of first-line PPIs, such as omeprazole, Nexium or lansoprazole. Therefore, the request for Pantaprazole is not medically necessary or appropriate.