

<b>Case Number:</b>	CM15-0192805		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 48 year old female who sustained an industrial injury on 2-28-14. The medical records indicate that the injured worker is being treated for lumbar or lumbosacral disc degeneration. She currently (7-28-15) complains of lower back pain radiating to the upper and middle back, right leg and right foot. Medications help with the pain and her pain level has decreased since previous visit to 7 out of 10 per 7-28-15 note (the note dated 6-25-15 indicated a pain level of 2 out of 10, on 5-21-15 6 out of 10, on 4-14-15 8 out of 10 at rest and 9 out of 10 with activity). On physical exam of the lumbar spine range of motion is limited by pain, there is tenderness to palpation of paravertebral muscles. Drug screen form 6-25-15 was consistent with prescribed medications. Treatments to date include medications: cyclobenzaprine (since at least 4-14-15), Sennosides, tramadol, gabapentin, pantoprazole (since at least 4-14-15), butalbitol-acetaminophen-caffeine; physical therapy causing moderate pain and then documentation (8-28-15) indicates that after 11 sessions of physical therapy her pain is improved as well as range of motion; acupuncture. The request for authorization dated 7-28-15 was for cyclobenzaprine 7.5mg #60; pantoprazole DR 20mg #60. On 9-15-15 Utilization Review non-certified the requests for pantoprazole DR 200mg #60; cyclobenzaprine 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole Sod Dr 200mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** The patient was injured on 02/26/14 and presents with low back pain. The request is for PANTOPRAZOLE SOD DR 200 MG #60 to manage heartburn and stomach pain. The utilization review rationale is that the medical records did not establish failure of first-line proton pump inhibitors. The RFA is dated 08/27/15 and the patient is on modified work duty. She has been taking this medication as early as 06/25/15. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The patient presents with heartburn and stomach pain. As of 08/27/15, the patient is taking Cyclobenzaprine, Sennosides, Tramadol, Gabapentin, and Butalb-Acetaminophen. Prior to the request of Pantoprazole on 06/25/15, the patient was taking Omeprazole. Given that the patient continues to have stomach pain, the requested Pantoprazole appears reasonable. Use of PPIs is indicated for GI issues, as this patient presents with. Therefore, the request IS medically necessary.

**Cyclobenzaprine 7.5 mg #60: Upheld**

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

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

**Decision rationale:** The patient was injured on 02/26/14 and presents with low back pain. The request is for CYCLOBENZAPRINE 7.5 MG #60. The RFA is dated 08/27/15 and the patient is on modified work duty. She has been taking this medication as early as 05/21/15. MTUS Guidelines, Muscle Relaxants, pages 63-66 states: Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the 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. The patient has a limited lumbar spine range of motion and tenderness to palpation of paravertebral muscles. She is diagnosed with lumbar or lumbosacral disc degeneration. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Cyclobenzaprine as early as 05/21/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Cyclobenzaprine IS NOT medically necessary.

