

<b>Case Number:</b>	CM15-0199258		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 44 year old female, who sustained an industrial injury on 3-22-2007. Medical records indicate the worker is undergoing treatment for neck pain, cervical spondylosis and lumbar sprain. A recent progress report dated 8-17-2015, reported the injured worker complained of low back pain and neck pain rated 7 out of 10, which is consistent with prior office visits. Physical examination revealed cervical and lumbar "decreased range of motion" tenderness and spasm. Treatment to date has included Flexeril, Protonix and Voltaren since at least 2-15-2015. On 9-2-2015, the Request for Authorization requested Flexeril 7.5mg #90, Protonix (Pantoprazole Sodium DR) 20mg #60 x 3 refills (quantity 180) and Voltaren XR (Diclofenac ER) 100mg #60 x 3 refills (quantity 180). On 9-10-2015, the Utilization Review non-certified the request for Flexeril 7.5mg #90, Protonix (Pantoprazole Sodium DR) 20mg #60 x 3 refills (quantity 180) and Voltaren XR (Diclofenac ER) 100mg #60 x 3 refills (quantity 180).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), 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 has chronic low back and neck pain since 2007 and has not returned to work. The patient has been prescribe Flexeril since at least 2/15/2015. MTUS Guidelines state that Cyclobenzaprine is recommended as a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. MTUS does not recommend long-term use of muscle relaxants and recommends 3-4 days usage for acute spasm and no more than 2-3 weeks total. This patient has utilized Flexeril far beyond recommended guidelines. Therefore, the request is not medically necessary or appropriate.

**Protonix (Pantoprazole Sodium DR) 20mg #60 x 3 fills (quantity 180): Upheld**

**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 Official Disability Guidelines, Pain Chapter: (Online Version) Proton pump inhibitors.

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

**Decision rationale:** There is no evidence in this case of risk factors for a GI event or condition that would warrant the use of a proton pump inhibitor (PPI) such as Protonix. In addition, Protonix is considered a second-line agent after Omeprazole and Lansoprazole. There is no evidence that Omeprazole and Lansoprazole have been tried and failed. Protonix also has significant adverse effects when used on a long-term basis. Therefore, based on the above, Protonix is not medically necessary or appropriate.

**Voltaren XR (Diclofenac ER) 100mg #60 x 3 fills (quantity 180): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The patient has chronic neck and low back pain secondary to an industrial injury in 2007. Voltaren (Diclofenac) is not a recommended first-line NSAID. There is no indication that the patient has tried and failed a first-line NSAID. The maximum daily dosage of Voltaren is 150 mg/day. In this case, the patient is taking 200 mg/day. Therefore, the request is not medically necessary or appropriate.