

<b>Case Number:</b>	CM15-0201309		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 is a 46 year old male who sustained a work-related injury on 5-9-14. Medical record documentation on 9-17-15 revealed the injured worker was being treated for protrusion of L3-4 with right foraminal stenosis, protrusion of L4-5 and L5-S1 with bilateral foraminal stenosis, lumbar radiculopathy, facet osteoarthropathy of L5-S1 and lumboparaspinal trigger points. He reported low back pain with left greater than right lower extremity symptoms. He rated his pain a 7 on a 10-point scale (9-17-15 and 8-27-15). Myofascial pain with trigger points was most limiting and was refractory to extensive treatment. Previous therapy included physical therapy, trigger point injections, activity modification, ice and NSAIDS. Medication at the current dosing allowed facilitation of activities of daily living such as light household duties, grocery shopping, grooming and cooking. Without his medications, he was unable to adhere to his exercise regimen. With his medications, he had tolerance to activity and improved function. He reported gastrointestinal upset with NSAIDS and noted that with his proton pump inhibitor medications (Pantoprazole since at least 3-5-15) he had no gastrointestinal upset. He had no history of ulcer, hemoptysis, hematochezia and no history of cardiac issues. First line use of omeprazole was not efficacious and the gastrointestinal symptoms persisted. Without cyclobenzaprine he had spasm which was refractory to activity modification, stretching, heat, physical therapy and home exercise program. Cyclobenzaprine (used since at least 3-5-15) decreased his spasm for approximately 4-6 hours and facilitated marked improvement in his range of motion, tolerance to exercise, and an additional 3-4 point decrease in his pain rating. Objective findings included tenderness to the lumbar spine. His lumbar range of motion included Flexion to 40 degrees,

extension to 35 degrees, bilateral lateral tilt to 35 degrees, and bilateral rotation to 30 degrees. He had multiple tender trigger points over the lumbosacral musculature and diminished sensation left greater than right at the L5-S1 dermatomal distributions. A request for cyclobenzaprine 7.5 mg #60 and pantoprazole DR 20 #60 was received on 9-22-15. On 10-1-15, the Utilization Review physician determined cyclobenzaprine 7.5 mg #60 and pantoprazole DR 20 #60 was not medically necessary.

### **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, Section(s): Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and Other Medical Treatment Guidelines UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy... The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." "The medication is not recommended to be used for longer than 2-3 weeks." The available medical record indicates this IW is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. 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. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" UpToDate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy... The addition of cyclobenzaprine to other agents is not recommended." Other pain medication (tramadol) is being utilized, along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 7.5mg #60 is not medically necessary.

#### **Pantoprazole DR 20mg, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors (PPIs).

**MAXIMUS 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 (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS and ODG states regarding use of PPI's, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The available medical record does not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Pantoprazole DR 20mg, #60 is not medically necessary.