

Case Number:	CM15-0201702		
Date Assigned:	10/16/2015	Date of Injury:	06/26/2013
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female, with a reported date of injury of 06-26-2013. The diagnoses include lumbar spine strain, lumbar degenerative spondylosis, L4-5 disc bulge with radiculitis, sacroilitis, right knee degenerative joint disease, and rule out internal derangement. Treatments and evaluation to date have included physical therapy, acupuncture, Ibuprofen, Flexeril (since at least 09-2015), Ultram, Protonix (since at least 09-2015), and lumbar transforaminal epidural steroid injections. The diagnostic studies to date have included a urine drug screen on 09-14-2015 with consistent results; and an MRI of the lumbar spine on 03-19-2015, which showed mild multilevel spondylosis without a focal disc herniation, spinal stenosis, or nerve root impingement. The doctor's first report dated 09-14-2015 indicates that the injured worker complained of low back pain with radiation to the right lower extremity, right knee pain, and GERD (gastroesophageal reflux disease) with NSAID (non-steroidal anti-inflammatory drug). The injured worker's pain ratings were not indicated. The objective findings include an MRI of the lumbar spine on 04-12-2015 which showed mild degenerative spondylosis at L4-5; x-ray of the lumbar spine on 09-14-2015 which showed mild degenerative spondylosis at L4-5; and right knee degenerative joint disease. The injured worker's work status was indicated at full duty. The request for authorization was dated 09-15-2015. The treating physician requested Flexeril 10mg #90 and Protonix 40mg #30. On 09-23-2015, Utilization Review (UR) non-certified the request for Protonix 40mg #30 and modified the request for Flexeril 10mg #90 to Flexeril 10mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 90.00: 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): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case, there is no evidence of muscle spasms on review of the medical records from 9/14/15. There is no evidence of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. There is no indication for the prolonged use of a muscle relaxant. The request is not medically necessary.

Protonix 40mg Qty: 30.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton

pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case, there is sufficient evidence in the records from 9/14/15 that the patient has GERD with NSAID use. Therefore, the request for Protonix is medically necessary.