

<b>Case Number:</b>	CM15-0207318		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/20/2004
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Arizona, California

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 53 year old male, who sustained an industrial-work injury on 10-20-04. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, lumbar radiculopathy and shoulder pain. Treatment to date has included pain medication, Tramadol, Alprazolam, Ambien, Prilosec, Famotidine, Fexmid since at least 3-13-15, Protonix since at least 8-28-15, pain management, shockwave therapy, diagnostics and other modalities. Medical records dated 8-28-15 indicate that the injured worker complains of chronic pain secondary to neck pain with radicular pain down the arms with tingling and weakness in the left hand. The neck pain continues to trigger headaches. The neck pain radiates to the shoulders and the low back pain radiates down both legs to the knees. The pain also interrupts sleep and triggers emotional issues of anxiety and at home panic attacks. Work status is not noted. There are no gastrointestinal complaints or history of gastrointestinal distress noted. The physical exam reveals that the range of motion of the cervical spine and lumbar spine is difficult due to pain. There is tenderness to palpation of the cervical and lumbar spine musculature. The physician indicates that he will discontinue Tramadol and add Voltaren. He is also to take Flexeril and Protonix. The treating physician indicates that the urine drug test result dated 5-8-15 was inconsistent with the medication prescribed. The request for authorization date was 8-28-15 and requested services included Fexmid 7.5mg #90 and Protonix 20mg #60. The original Utilization review dated 9-25-15 non-certified the request for Fexmid 7.5mg #90 and Protonix 20mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #90:** 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).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid several months along with opioids and NSAIDS. Continued use of Fexmid is not medically necessary.

**Protonix 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was on Voltaren along with opioids, but long-term use of Voltaren or Protonix is not indicated. Therefore, the continued use of Protonix is not medically necessary.