

<b>Case Number:</b>	CM15-0021240		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 60 year old male, who sustained an industrial injury on 3/17/2014. He has reported back pain. The diagnoses have included sacro-iliac joint sprain, lumbosacral radiculopathy, and paravertebral lumbosacral spasm. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxant, activity modification, and physical therapy. Currently, the IW complains of low back pain and bilateral leg pain and numbness. Physical examination from 10/13/14 documented tenderness and decreased lumbosacral Range of Motion (ROM), positive muscle spasms, and decreased sensation L5-S1. Magnetic Resonance Imaging (MRI) was significant for degenerative disc disease with spondylolisthesis and stenosis. The plan of care included scheduling an epidural steroid injection and continuation of previously prescribed medications. On 1/2/2015 Utilization Review non-certified Diclophenac Sodium WR 100mg #60 with one (1) refill and Protonix 20mg #60 with one refill, and modified certification for Cyclobenzaprine to 7.5 mg #45. The MTUS Guidelines were cited. On 2/3/2015, the injured worker submitted an application for IMR for review of Diclophenac Sodium WR 100mg #60 with one (1) refill and Protonix 20mg #60 with one refill and Cyclobenzaprine 7.5mg #90 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Diclofenac Sodium Extended Release 100mg with 1 Refill between 10/13/2014 and 10/13/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The 60 Tablets of Diclofenac Sodium Extended Release 100mg with 1 Refill Between 10/13/2014 and 10/13/2014 is not medically necessary and appropriate.

**60 Tablets of Protonix 20mg with 1 Refill Between 10/13/2014 and 10/13/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 60 Tablets of Protonix 20mg with 1 Refill Between 10/13/2014 and 10/13/2014 is not medically necessary and appropriate.

**90 Tablets of Cyclobenzaprine 7.5mg with 1 Refill Between 10/13/2014 and 10/13/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The 90 Tablets of Cyclobenzaprine 7.5mg with 1 Refill Between 10/13/2014 and 10/13/2014 is not medically necessary and appropriate.