

Case Number:	CM15-0211335		
Date Assigned:	10/30/2015	Date of Injury:	01/04/2012
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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: New Jersey

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 51 year old female, who sustained an industrial injury on 1-4-2012. Medical records indicate the worker is undergoing treatment for cervical sprain-strain-multilevel degenerative disc disease, lumbar strain-degenerative disc disease, lumbar herniated nucleus pulposus, thoracic strain and left shoulder impingement. A recent progress report dated 10-7-2015, reported the injured worker complained of pain in the neck and low back radiating to the bilateral lower extremities and left shoulder pain rated 8 out of 10 without medications and 5 out of 10 with medications. It also noted the injured worker had gastro esophageal reflux disease. Physical examination revealed positive bilateral straight leg raise test, mild cervical tenderness to palpation and lumbar tenderness and spasm and left shoulder range of motion decreased by 20% with positive impingement. Treatment to date has included physical therapy and medication management. On 10-8-2015, the Request for Authorization requested Retrospective Protonix (Pantoprazole), 1 capsule twice daily, #60 for gastrointestinal protection due to NSAID use and history of gastritis with medications, Retrospective Fexmid (Cyclobenzaprine) 7.5mg, 1 tablet thrice daily, #60 for muscle spasm and pain relief and Retrospective Anaprox DS (Naproxen Sodium) 550mg, 1 tablet twice daily, #90 as first line for pain and inflammation as the patient had failed over the counter non-steroidal anti-inflammatory drugs (NSAID) including Aspirin and Ibuprofen. On 10-16-2015, the Utilization Review noncertified the request for Retrospective Protonix (Pantoprazole), 1 capsule twice daily, #60 for gastrointestinal protection due to NSAID use and history of gastritis with medications, Retrospective Fexmid (Cyclobenzaprine) 7.5mg, 1 tablet thrice daily, #60 for muscle spasm and pain relief and Retrospective Anaprox DS (Naproxen Sodium) 550mg, 1 tablet twice daily, #90 as first line

for pain and inflammation as the patient had failed over the counter non-steroidal anti-inflammatory drugs (NSAID) including Aspirin and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Protonix (Pantoprazole), 1 capsule twice daily, #60 for gastrointestinal protection due to NSAID use and history of gastritis with medications: 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there were insufficient criteria met to warrant ongoing chronic pantoprazole use. Although there was report of having gastritis with previous NSAID use, this isn't significant alone to justify the PPI, as ulceration would be required, and no other significant history places this worker at a significant enough elevated risk for gastrointestinal events. Regardless, as no NSAID would be warranted, in the opinion of this worker, for chronic use in this case, the pantoprazole is not medically necessary to continue.

Retrospective Fexmid (Cyclobenzaprine) 7.5mg, 1 tablet thrice daily, #60 for muscle spasm and pain relief: 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).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged

use may lead to dependence. In the case of this worker, there was a request for cyclobenzaprine, which had been prescribed and taken for months prior to this request. However, this chronic use is not recommended for this drug class and diagnoses listed. Therefore, continued chronic use of cyclobenzaprine is not medically necessary.

Retrospective Anaprox DS (Naproxen Sodium) 550mg, 1 tablet twice daily, #90 as first line for pain and inflammation as the patient had failed over the counter non-steroidal anti-inflammatory drugs (NSAID) including aspirin and ibuprofen: Upheld

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

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, Anaprox was used leading up to this request for renewal. However, insufficient reporting was found in the notes regarding functional gains and pain level reduction directly and independently related to Anaprox, which might have helped to justify its continuation. Regardless, however, due to the chronic use of NSAIDs since the worker's injury, including other NSAIDs previous to Anaprox, the risks associated with its continued daily use in this non-acute setting, it is not reasonable to continue this medication as such, and this request is not medically necessary.