

Case Number:	CM15-0213427		
Date Assigned:	11/03/2015	Date of Injury:	10/08/2013
Decision Date:	12/21/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 39 year old male, who sustained an industrial injury on 10-8-2013. Diagnoses include left ulnar fracture status post open reduction internal fixation (ORIF) decreased range of motion, ulnar nerve dystrophy, left shoulder impingement, lumbar herniated nucleus pulposus, and cervical herniated pulposus, status post shoulder surgery. Treatments to date include activity modification and medication therapy. On 9-28-15, he complained of ongoing pain in the left elbow, neck, left shoulder, and lower back with radiation to left leg. Pain was rated 5 out of 10 VAS with medications and 7 out of 10 VAS without. Medications were noted to decrease pain, decrease muscle spasms, decrease gastrointestinal symptoms, and increase functional ability. Current medication listed included Protonix, Cyclobenzaprine, and Tramadol. The length of time for this medication therapy was not documented in the records submitted for this review. The record addressed recent drug toxicology screen as appropriate. The physical examination documented positive straight leg raise and bowstring tests on the left side with decreased sensation and strength in left upper and left lower extremities. There was decreased range of motion in cervical and lumbar spine with tenderness. The plan of care included orders to refill Fexmid, Ultram, and Protonix. The appeal requested authorization for Fexmid 7.5mg #60, Ultram 150mg #60, and Protonix 20mg #60, date of service 9-28-15. The Utilization Review dated 10-5-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 9/28/15) Fexmid (Cyclobenzaprine) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Weaning of Medications.

Decision rationale: Fexmid (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the left leg, left elbow, neck and lower back, left shoulder, and left ribs. There was no suggestion the worker was having a flare-up of long-standing lower back pain or discussion sufficiently describing special circumstances to support this request for long-term use. In the absence of such evidence, the current request for 60 tablets of Fexmid (cyclobenzaprine) 7.5mg for the date of service 09/28/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Retrospective (dos 9/28/15) Ultram (Tramadol HCl) 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Ultram (tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid

medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing pain in the left leg, left elbow, neck and lower back, left shoulder, and left ribs. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, exploring the potential negative side effects, or providing an individualized risk assessment. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of Ultram (tramadol) 150mg for the date of service 09/28/2015 is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Retrospective (dos 9/28/15) Protonix (Patoprazole) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Pantoprazole: Drug Information. Topic 9474, version 178.0. UpToDate, accessed 11/20/2015.

Decision rationale: Protonix (pantoprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn and other symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing pain in the left leg, left elbow, neck and lower back, left shoulder, and left ribs and improved unspecified "GI symptoms" with the use of medication. These records suggested the worker was also using another medication containing both a NSAID and a medication in the H2-blocker class. The literature does not support the use of both proton pump inhibitor and H2-blocker medications at the same time. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had an increased risk for gastrointestinal events, suggesting the reason NSAID therapy was continued if the worker had

negative side effects from it, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of Protonix (pantoprazole) 20mg for the date of service 09/28/2015 is not medically necessary.