

<b>Case Number:</b>	CM15-0224293		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	09/21/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: North Carolina  
 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 60 year old male who sustained an industrial injury on 09-14-2014. A review of the medical records indicated that the injured worker is undergoing treatment for right hip pain, low back pain with radicular symptoms and post-laminectomy syndrome. The injured worker is status post remote lumbar surgery in 1997 and 2012. According to the treating physician's progress report on 10-06-2015, the injured worker continues to experience low back pain radiating into the right buttock and hamstrings and muscle cramping in the lateral aspect of his left calf. Medications reduced the pain level by approximately 40%. The injured worker reported no side effects from medications and is on Venlafaxine ER for gastrointestinal (GI) protection. There were no objective findings or physical examination of the lumbar spine performed on 10-06-2015 or on 08-24-2015. An official report of a lumbar spine magnetic resonance imaging (MRI) performed on 04-16-2015 was included in the review and interpreted within the progress note dated 10-06-2015. Right hip magnetic resonance imaging (MRI) was reported as normal. Prior treatments have included diagnostic testing, lumbar epidural steroid injection on 05-12-2015 and medications. Current medications were listed as Hydrocodone, Venlafaxine ER, Cyclobenzaprine (since at least 04-2015) and Pantoprazole (since at least 04-2015). Treatment plan consists of the current request for Cyclobenzaprine-Flexeril 7.5mg #90ms SIG: take 1 tablet as needed for muscle spasms, QTY: 90 and Pantoprazole-Protonix 20mg #60ms SIG: take 1-2 daily stomach, QTY: 60. On 10-27-2015, the Utilization Review modified the request for Cyclobenzaprine-Flexeril 7.5mg #90 to Cyclobenzaprine-Flexeril 7.5mg #45 for weaning purposes and determined the request for Pantoprazole-Protonix 20mg #60 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine-Flexeril 7.5mg #90ms SIG: take 1 tablet as needed for muscle spasms, QTY: 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): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back and hip pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

**Pantoprazole-Protonix 20mg #60ms SIG: take 1-2 daily stomach, QTY: 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 rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary.

There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.