

<b>Case Number:</b>	CM15-0224491		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/06/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 27-year-old female with a date of industrial injury 12-2-2014. The medical records indicated the injured worker (IW) was treated for lumbar disc displacement without myelopathy; cervicgia; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; and tenosynovitis of the hand and wrist not elsewhere classified. In the progress notes (9-11-15 and 10-13-15), the IW reported neck, lower back and left wrist pain rated 8 out of 10. This was radiating pain going to the upper and lower back. Her pain rating was unchanged from her previous visit. Associated symptoms included cramps, muscle spasms, numbness in the left lower back, pins and needles, weakness in the upper and lower extremities and heartburn and constipation. Cold and heat application, massage, rest and bracing improved the pain; she stated medications were less effective. Current medications were Cyclobenzaprine (since at least 5-2015), Pantoprazole (since at least 5-2015), Naproxen, Norco and Senna. On examination (9-11-15 notes), there was pain, spasms, tenderness and limited, painful range of motion about the cervical, thoracic and lumbar spine. The left wrist was also tender to palpation with restricted, painful range of motion on radial deviation. Higher functions were grossly normal. All muscles appeared normal, with normal tone, and with 5 out of 5 power. Sensation was decreased over the left lateral forearm. Treatments included chiropractic care (no relief) and acupuncture (pain was worse), massage and medications. Ultracet, Diclofenac and Lidopro were discontinued due to ineffectiveness. The IW was temporarily totally disabled. The drug screen on 9-15-15 was not consistent for prescribed medications. The provider documented average pain levels with and without medications and duration of relief in the 10-13-15 notes, as well as functional

improvements and absence of aberrant drug taking behaviors. A Request for Authorization was received for retrospective review (date of service 10-13-15) for Pantoprazole 20mg, #60 and Cyclobenzaprine 7.5mg, #60. The Utilization Review on 11-6-15 non-certified the request for retrospective review (date of service 10-13-15) for Pantoprazole 20mg, #60 and Cyclobenzaprine 7.5mg, #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for Pantoprazole 20mg 1 tab #60 (DOS 10/13/2015): 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 rationale:** The claimant sustained a work injury in December 2014 when she slipped on a wet laundry room floor with injuries to the neck, back, and left shoulder. An MRI of the lumbar spine in February 2015 showed minimal disc bulging at L3/4 and a 1 mm central disc protrusion at L4/5. Treatments included physical therapy, massage, and acupuncture. In April 2015, current medications were cyclobenzaprine, diclofenac, and Lidopro. Medications were being well tolerated. Senna, Pantoprazole, and tramadol were prescribed. When seen in October 2015, she had neck, low back, left wrist, and head pain rated at 8/10. Physical examination findings included moderate obesity. She appeared depressed and tearful. There was decreased and painful cervical and lumbar range of motion with tenderness. There was sacroiliac and thoracic tenderness. Lumbar facet loading was negative. There was decreased and painful left wrist range of motion with tenderness over the ulnar and radial sides and triangular fibrocartilage complex. There was decreased lateral forearm and lateral right calf sensation. Medications were continued. An epidural steroid injection was requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. When this medication was prescribed, her NSAID medication was being well tolerated. The prescribing of a proton pump inhibitor such as pantoprazole is not considered medically necessary.

#### **Retrospective request for Cyclobenzaprine 7.5mg #60 (DOS 10/13/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

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

**Decision rationale:** The claimant sustained a work injury in December 2014 when she slipped on a wet laundry room floor with injuries to the neck, back, and left shoulder. An MRI of the lumbar spine in February 2015 showed minimal disc bulging at L3/4 and a 1 mm central disc protrusion at L4/5. Treatments included physical therapy, massage, and acupuncture. In April 2015, current medications were cyclobenzaprine, diclofenac, and Lidopro. Medications were being well tolerated. Senna, Pantoprazole, and tramadol were prescribed. When seen in October 2015, she had neck, low back, left wrist, and head pain rated at 8/10. Physical examination findings included moderate obesity. She appeared depressed and tearful. There was decreased and painful cervical and lumbar range of motion with tenderness. There was sacroiliac and thoracic tenderness. Lumbar facet loading was negative. There was decreased and painful left wrist range of motion with tenderness over the ulnar and radial sides and triangular fibrocartilage complex. There was decreased lateral forearm and lateral right calf sensation. Medications were continued. An epidural steroid injection was requested. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. Continued prescribing is not considered medically necessary.