

Case Number:	CM15-0036909		
Date Assigned:	03/05/2015	Date of Injury:	05/29/2012
Decision Date:	04/16/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/26/2015

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 35-year-old male, who sustained an industrial injury on May 29, 2012. His diagnoses include right lumbar 5/sacral 1 herniated nucleus pulposus, status post decompression in 2013, and right lumbar 5/sacral 1 recurrent bulge, post laminectomy instability, status post anterior lumbar discectomy and fusion on March 25, 2014. He has been treated with x-rays, MRI, work modifications, physical therapy, home exercise program, and oral pain, topical pain, muscle relaxant, and proton pump inhibitor medications. On January 12, 2015, his treating physician reports low back pain without numbness, tingling, or cramping in the lower extremities any longer. His pain is rated 6/10 without medications, and 3/10 with medications. His muscle relaxer helps the lumbosacral spasms and stiffness in the morning, and the proton pump inhibitor medication improved the acid reflux caused by his medications. The physical exam revealed normal reflex, sensory, and power testing to the bilateral upper and lower extremities, negative straight leg raise and bowstring testing, a normal gait, able to heel and toe walk, minimal tenderness with posterior spasms of the lumbar region, and 10% decreased lumbar range of motion. The treatment plan includes refills of his current pain, muscle relaxant, and proton pump inhibitor medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole 20mg 60ab 1 cap twice a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with low back pain without numbness/tingling/cramping in his lower extremities, with pain rated 7/10 without medications and 3/10 with medications. The treater has asked for retrospective pantoprazole 20mg 60 tab 1 cap twice a day on 1/12/15. The request for authorization was not included in provided reports. The patient is s/p anterior lumbar discectomy/fusion on 3/25/14. The patient is currently taking Tramadol weaned from Norco---Pantoprazole, and Cyclobenzaprine per 1/12/15 report. The patient's work status is "not working as his work is not able to accommodate his restrictions." MTUS pg 69 states, "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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole and opiates have been prescribed in treater reports dated 9/3/14, 10/1/14, 12/15/14, and 1/12/15. Treater has not provided reason for the request, and RFA has not been provided. Prophylactic use of PPI is indicated by MTUS. However, there is no evidence of a GI assessment. The treater does state in 1/12/15 report that "he has been having acid reflux which is improved with his PPI." Although the patient is not on any oral NSAIDs, there does appear to be a problem with GERD for which this medication is being used. The request is medically necessary.

Retrospective Fexmid Cyclobenzaprine 7.5mg 60 tabs three times a day: 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 Page(s): 63-66.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with low back pain without numbness/tingling/cramping in his lower extremities, with pain rated 7/10 without medications and 3/10 with medications. The treater has asked for retrospective Fexmid Cyclobenzaprine 7.5mg 60 tabs three times a day on 1/12/15. The request for authorization was not included in provided reports. The patient is s/p anterior lumbar discectomy/fusion on 3/25/14. The patient is currently taking Tramadol weaned from Norco---Pantoprazole, and Fexmid per 1/12/15 report. The patient's work status is "not working as his work is not able to accommodate his restrictions." MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line

option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Fexmid has been included in patient's medications per treater reports dated 9/3/14, 10/1/14, 12/15/14, and 1/12/15, and is prescribed for the treatment of spasms to resume activity and function. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The patient has already been on this medication for more than 4 months from the UR date of 1/20/15. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.