

Case Number:	CM15-0048040		
Date Assigned:	03/19/2015	Date of Injury:	07/28/1994
Decision Date:	04/24/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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: Preventive Medicine, Occupational 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:

This 57 year old male sustained an industrial injury on 7/28/94. He subsequently reported low back pain with radiation to the lower extremity. Diagnoses include lumbar DDD and lumbar radiculopathy. Diagnostic testing has included x-rays and MRIs. Treatments to date have included prescription pain medications. The injured worker continues to experience low back pain. A request for Amrix and Protonix was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 17.5 mg Qty 50: Overturned

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, 64.

Decision rationale: MTUS Guidelines support the use Cyclobenzaprine (Amrix) muscle relaxants when they are used intermittently for acute flare-ups. Guidelines do not support the

chronic daily use. The prescribing physician has recommended intermittent use and it is not yet established how the patient will utilize this medication over a longer time period. Under these circumstances, at least a reasonable trial of Amrix is supported by Guidelines. The Amrix 17.5mg #50 is medically necessary.

Protonix 40 mg: Upheld

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 and GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain-Proton Pump Inhibitors.

Decision rationale: MTUS Guidelines support the use of proton pump inhibitors for this individual with a history of ulcers/gastritis with NSAID use. However, MTUS Guidelines give the example of using Omeprazole and ODG Guidelines state that Protonix should be utilized as a 2nd line drug and only after failure or contraindication to recommended 1st line drugs. Guidelines point out that the recommended 1st line drugs (Prilosec and Prevacid) are just as effective. There is no documentation why Prilosec or Prevacid is not being recommend prior to the recommendation of Protonix. Under these circumstances, the Protonix 40mg is not Guideline supported and is not medically necessary.