

Case Number:	CM15-0055723		
Date Assigned:	04/01/2015	Date of Injury:	04/21/2014
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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:

This 37 year old female sustained an industrial injury to the low back on 4/21/14. Previous treatment included magnetic resonance imaging, physical therapy and medications. In a PR-2 dated 3/4/15, the injured worker complained of worsening pain to the low back and leg. Physical exam was remarkable for lumbar spine with tenderness to palpation, muscle spasm, restricted range of motion, positive straight leg raise and bowstring on the left, antalgic gait and lower extremity weakness and numbness on the left at the S1 distribution with decreased left ankle reflex. The injured worker had difficulty arising from a sitting position and could not toe walk on the left. Current diagnoses included disc herniation L5-S1 with evidence of lumbar instability and lumbar spine sprain/strain. The treatment plan included anterior lumbar decompression and fusion at L5-S1 and medications (Protonix, Ultram, Flexeril and Cyclobenzaprine). The physician noted that the injured worker had a history of gastrointestinal bleed that was now resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexmid Cyclobenzaprine 7.5mg #60 (DOS: 03/04/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

Decision rationale: This patient receives treatment for chronic low back pain. The patient had a work-related injury on 04/21/2014. The patient's diagnoses include lumbar strain and lumbar disc disease with radiculopathy. This review addresses a retrospective request for cyclobenzaprine, a muscle relaxer. The documentation shows that this muscle relaxer and others have been prescribed for a number of months in 2014. Muscle relaxers may be medically indicated for the short-term management of acute muscle spasm, as a second-line agent. Side effects include sedation and drug dependence. Using cyclobenzaprine over the long-term (more than 2-3 weeks) is not recommended. Cyclobenzaprine is not medically indicated.

Retrospective Protonix Pantoprazole 20mg #60 (DOS: 03/04/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient receives treatment for chronic low back pain. The patient had a work-related injury on 04/21/2014. The patient's diagnoses include lumbar strain and lumbar disc disease with radiculopathy. Pantoprazole is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not clearly state which of these risk factors, if any, this patient had. The records do not state that there was a NSAID responsible for any GI injury or complication. Pantoprazole is not medically indicated.