

Case Number:	CM15-0057033		
Date Assigned:	04/01/2015	Date of Injury:	05/22/2014
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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:

The injured worker is a 52 year old female, who sustained an industrial injury on 5/22/14. She has reported neck and back injuries. The diagnoses have included cervical pain, cervical strain/sprain, thoracic myospasm, thoracic pain, thoracic sprain/strain, lumbar radiculopathy, lumbar strain/sprain, left knee strain/sprain, and depression. Treatment to date has included medications, pain management, activity modifications, diagnostics, physical therapy, chiropractic, psychological sessions, and Transcutaneous Electrical Nerve Stimulation (TENS). The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography of the bilateral lower extremities was done on 2/19/15. The current medications included Cyclobenzaprine, Protonix, Gabapentin, Oxycontin and compounded creams. Currently, as per the physician progress note dated 2/3/15, the injured worker complains of cervical spine, thoracic spine, lumbar spine and bilateral knee pain. The back pain was rated 9/10 on pain scale. She states that the Transcutaneous Electrical Nerve Stimulation (TENS) unit gives her pain relief and use of her medications. She also states that the symptoms have worsened since last visit. She admits to depression, anxiety, irritability, and lack of appetite, lack of motivation, insomnia and frequent crying. The objective findings revealed cervical range of motion was decreased and painful, tenderness was noted, muscle spasm and positive cervical compression test. The thoracic spine had positive Kemp's sign bilaterally. The lumbar spine range of motion was decreased and painful, tenderness noted, spasm, straight leg raise was positive bilaterally and Kemp's caused pain bilaterally. The right knee revealed tenderness and positive McMurray's sign. It was noted that the treatment plan was to discontinue therapy as she does not wish to proceed with it, request

chiropractic, awaiting orthopedic consult, internal medicine consult and request low back heating pad. The physician requested treatments included Protonix 20mg #60 and Cyclobenzaprine 7.5mg #90. An agreed medical evaluation dated 1/27/15 noted a negative gastrointestinal review of systems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, gastrointestinal 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). In this case, the patient is noted to be a 52-year-old female and there is no indication of history of peptic ulcer, gastrointestinal bleeding or perforation. There is no evidence that the injured worker is at risk for developing gastrointestinal events. Additionally, per the MTUS guidelines, long-term use of proton pump inhibitors leads to an increased risk of hip fractures. The request for Protonix 20 mg #60 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such, the request for Cyclobenzaprine 7.5 mg #90 is not medically necessary and appropriate.

