

<b>Case Number:</b>	CM15-0057079		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 39 year old female, who sustained an industrial injury on 3/6/06. The injured worker has complaints of left and right wrist/hand pain and cervical pain. The diagnoses have included status post bilateral carpal tunnel release; rule out recurrent upper extremity compression neuropathy and rule out cervical radiculopathy. Treatment to date has included physical therapy; transcutaneous electrical nerve stimulation unit; cold and heat; tramadol extended release; hydrocodone; cyclobenzaprine and pantoprazole. The request was for retrospective pantoprazole 20mg #90 (DOS 2/5/15) and retrospective cyclobenzaprine 7.5mg #90 (DOS 2/5/15). The injured worker is also being prescribed non-steroidal anti-inflammatory medications and has noted gastro-intestinal complaints. The medical records note that muscle relaxants have been prescribed for an extended period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Pantoprazole 20mg #90 (DOS: 02/05/2015):** Overturned

**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:** The CA MTUS recommend using a proton pump inhibitor with a prescribed NSAID for the patients at risk for gastrointestinal events. Proton pump inhibitors (PPI) are a class of medications that reduce gastric acid secretion. This class of medication is widely utilized for the management of esophageal reflux disorders, and is also used to prevent gastric ulcerations associated with long-term use of non-steroidal anti-inflammatory medications (NSAIDs). In this case, the injured worker is also being prescribed non-steroidal anti-inflammatory medications and has noted gastrointestinal complaints. The request for Pantoprazole is therefore supported. The request for Retrospective: Pantoprazole 20mg #90 (DOS: 02/05/2015) is medically necessary and appropriate.

**Retrospective: Cyclobenzaprine 7.5mg #90 (DOS: 02/05/2015): 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 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 Retrospective: Cyclobenzaprine 7.5mg #90 (DOS: 02/05/2015) is not medically necessary and appropriate.