

<b>Case Number:</b>	CM15-0057856		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 42 year old female, who sustained an industrial injury on 10/16/2013. She reported back pain while employed as a housekeeper. The injured worker was diagnosed as having thoracic spine pain, lumbago, and unspecified anxiety. Treatment to date has included diagnostics, medications, and physical therapy (several months). Currently, the injured worker complains of continuous upper back pain with radiation to the lumbar spine. Her pain level varied and was rated 8/10, relieved with rest and aggravated with sitting and repetitive lifting/carrying. She reported continuous low back pain, with radiation to the bilateral lower extremities, rated 8/10. Pain was accompanied with numbness, tingling, and burning sensations. She was currently not working. Physical exam noted an antalgic gait and decreased range of motion of the thoracic spine due to pain. Tenderness to palpation over the upper lumbar spine to the lower thoracic spine was noted. A positive Kemp's test was noted. Current medication use was documented as Tylenol with Codeine. The treatment plan included Naproxen, Pantoprazole, Cyclobenzaprine, Tylenol #3, and topical compound creams for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole sodium DR 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** Based on the 01/28/15 progress report provided by treating physician, the patient presents with upper and lower back pain rated 8/10. The request is for Pantoprazole Sodium Dr 20Mg #90. RFA with the request not provided. Patient's diagnosis per RFA dated 03/11/15 requesting Tylenol#3 and Lyrica included cervical sprain/strain, lumbago low back pain, low back syndrome, and lumbalgia. Physical examination on 03/11/15 revealed painful and decreased ranges of motion to the thoracic and lumbar spines. Patient medications include Tylenol#3, Pantoprazole, Cyclobenzaprine and Lyrica. The patient is temporarily totally disabled, per treater report dated 01/28/15. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater has not provided reason for the request. Pantoprazole has been prescribed in progress reports dated 01/28/15 and 03/11/15. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. However, it does not appear the patient is currently on NSAID therapy, though Naproxen is planned. Furthermore, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. This request is not in accordance with guideline indications. Therefore, the request Is Not medically necessary.

**Cyclobenzaprine HCL 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** Based on the 01/28/15 progress report provided by treating physician, the patient presents with upper and lower back pain rated 8/10. The request is for Cyclobenzaprine HCL 7.5MG #90. RFA not provided. Patient's diagnosis on 01/28/15 included pain in the thoracic spine, lumbago, and unspecified anxiety. Physical examination on 03/11/15 revealed painful and decreased ranges of motion to the thoracic and lumbar spines. Patient medications include Tylenol#3, Pantoprazole, Cyclobenzaprine and Lyrica. The patient is temporarily totally disabled, per treater report dated 01/28/15. 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 arecarisoprodol,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." Treater has not provided reason for the request. Cyclobenzaprine has been included in patient's medications, per treater reports dated 01/28/15 and 03/11/15. Cyclobenzaprine has been prescribed at least since 01/28/15, which is 1 month from UR date of 02/23/15. MTUS only recommends short-term use of this medication. Furthermore, the request for quantity 90 does not indicate intended short-term use. Therefore, the request Is Not medically necessary.