

Case Number:	CM15-0083277		
Date Assigned:	05/05/2015	Date of Injury:	02/17/2012
Decision Date:	07/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/30/2015

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 24 year old male, who sustained an industrial injury on 02/17/2012. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x- rays, conservative therapies, and MRIs. Currently, the injured worker complains of frequent sharp and burning low back pain with radiating pain into the buttocks, left hip, thigh, knee and foot with weakness, numbness and tingling in the left lower extremity. The injured worker was currently being treated with Advil and Tylenol. The diagnoses include lumbago. The request for authorization included medications consisting of Cyclobenzaprine HCL 7.5mg #90, pantoprazole sodium DR 20mg #60, naproxen sodium 550mg #90 and topical analgesic consisting of gabapentin 10%, Amitriptyline 10% and Bupivacaine 5% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

Decision rationale: The patient presents on 02/26/15 with lower back pain rated 2/10, which radiates into the bilateral lower extremities, and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 02/17/12. Patient has no documented surgical history directed at this complaint. The request is for Cyclobenzaprine HCL 7.5MG #90. The RFA was not provided. Physical examination dated 02/26/15 reveals tenderness to palpation over the lower lumbar spine at L4, L5, and S1 levels, and negative straight leg raise bilaterally. The provider also notes that the left leg appears to be smaller than the right, and concludes that this is the cause of the underlying weakness in the extremity. The patient is currently prescribed Naproxen, Protonix, Flexeril, and unspecified topical creams. Diagnostic imaging was not included, however progress notes reference lumbar MRI dated 05/09/12, significant findings include: "At L4-5 there is disc desiccation at a 4mm broad based posterior protrusion... indenting the thecal sac and causing mild spinal canal narrowing... At L5-S1 there is disc desiccation, mild lost of disc height, and a 5mm central protrusion which causes mild spinal canal narrowing..." Patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second- line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. There is no evidence in the records provided that this patient has taken Cyclobenzaprine to date. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 90 tablets does not imply intent to use this medication over a 2-3 week period. Therefore, the request IS NOT medically necessary.

Pantoprazole Sodium DR 20mg 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 68-69.

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

Decision rationale: The patient presents on 02/26/15 with lower back pain rated 2/10 which radiates into the bilateral lower extremities, and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 02/17/12. Patient has no documented surgical history directed at this complaint. The request is for Pantoprazole Sodium 20MG #360. The RFA was not provided. Physical examination dated 02/26/15 reveals tenderness to palpation over the lower lumbar spine at L4, L5, and S1 levels, and negative straight leg raise bilaterally. The provider also notes that the left leg appears to be smaller than the right, and concludes that this is the cause of the underlying weakness in the extremity. The patient is currently prescribed Naproxen, Protonix, Flexeril, and unspecified topical creams. Diagnostic imaging was not

included, however progress notes reference lumbar MRI dated 05/09/12, significant findings include: "At L4-5 there is disc desiccation at a 4mm broad based posterior protrusion... indenting the thecal sac and causing mild spinal canal narrowing... At L5-S1 there is disc desiccation, mild lost of disc height, and a 5mm central protrusion which causes mild spinal canal narrowing..." Patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Pantoprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. This patient is currently prescribed Naproxen, but there is no discussion of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% 180 gram cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents on 02/26/15 with lower back pain rated 2/10, which radiates into the bilateral lower extremities, and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 02/17/12. Patient has no documented surgical history directed at this complaint. The request is for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, 180GM cream. The RFA was not provided. Physical examination dated 02/26/15 reveals tenderness to palpation over the lower lumbar spine at L4, L5, and S1 levels, and negative straight leg raise bilaterally. The provider also notes that the left leg appears to be smaller than the right, and concludes that this is the cause of the underlying weakness in the extremity. The patient is currently prescribed Naproxen, Protonix, Flexeril, and unspecified topical creams. Diagnostic imaging was not included, however progress notes reference lumbar MRI dated 05/09/12, significant findings include: "At L4-5 there is disc desiccation at a 4mm broad based posterior protrusion... indenting the thecal sac and causing mild spinal canal narrowing... At L5-S1 there is disc desiccation, mild lost of disc height, and a 5mm central protrusion which causes mild spinal canal narrowing..." Patient is not currently working. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin: Not recommended." In regard to the request for a compounded cream containing Gabapentin, Amitriptyline, and Bupivacaine; the requested cream contains ingredients which are not

supported by guidelines as topical agents. Gabapentin is not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.

Naproxen Sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents on 02/26/15 with lower back pain rated 2/10 which radiates into the bilateral lower extremities, and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 02/17/12. Patient has no documented surgical history directed at this complaint. The request is for Naproxen Sodium 550MG #90. The RFA was not provided. Physical examination dated 02/26/15 reveals tenderness to palpation over the lower lumbar spine at L4, L5, and S1 levels, and negative straight leg raise bilaterally. The provider also notes that the left leg appears to be smaller than the right, and concludes that this is the cause of the underlying weakness in the extremity. The patient is currently prescribed Naproxen, Protonix, Flexeril, and unspecified topical creams. Diagnostic imaging was not included, however progress notes reference lumbar MRI dated 05/09/12, significant findings include: "At L4-5 there is disc desiccation at a 4mm broad based posterior protrusion... indenting the thecal sac and causing mild spinal canal narrowing... At L5-S1 there is disc desiccation, mild loss of disc height, and a 5mm central protrusion which causes mild spinal canal narrowing..." Patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. In regard to what appears to be the initiating prescription of Naproxen, the request is appropriate. There is no evidence in the records provided that this patient has taken Naproxen to date, as it is not listed among this patient's medications in the preceding reports. Given this patient's persistent lower back pain, which is unresolved by other measures and the conservative nature of this medication, a trial is substantiated. The request IS medically necessary.