

<b>Case Number:</b>	CM15-0088270		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 56 year old female, who sustained an industrial injury on October 29, 2012, incurring low back injuries from repetitive bending and picking strawberries. She was diagnosed with lumbosacral disc protrusion with severe lumbar spinal stenosis and lumbar radiculopathy and peripheral nerve compression. Electromyography studies were abnormal, revealing chronic bilateral lumbar radiculopathy. A Normal Nerve Conduction Velocity study of both lower extremities was noted. Treatments included transcutaneous electrical stimulation unit, lumbar back support, pain medications, anti-inflammatory drugs, muscle relaxants and proton pump inhibitor. Currently, the injured worker complained of persistent low back pain with numbness, tingling and weakness. The treatment plan that was requested for authorization included retrospective prescriptions for Naproxen, Pantoprazole, Cyclobenzaprine, and Tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Naproxen 550mg quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Naproxen (Aleve) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, there is no evidence as to why an OTC NSAID would not be applicable. Medical necessity of the requested medication was not established. The request for Naproxen was not medically necessary.

**Retrospective Pantoprazole 20mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to California MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. In addition, it is unclear why this patient was prescribed Protonix (Pantoprazole) x2. Based on the available information provided for review, the medical necessity for Protonix was not established. The requested medication was not medically necessary.

**Retrospective Cyclobenzaprine 7.5mg quantity 90 (DOS: 03/20/2015):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Muscle Relaxants (for pain); Cyclobenzaprine.

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

**Decision rationale:** Cyclobenzaprine (Fexmid) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to the reviewed literature, Fexmid is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment and it is not recommended for longer than 2-3 weeks. According to the California MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone.

In this case, there is no clearly documented benefit or any functional improvement from prior Fexmid use. In addition, there is no clinical indication presented for the chronic or indefinite use of this medication. Of note, there was no reason documented for the request for Cyclobenzaprine (Fexmid) twice. Based on the currently available information, the medical necessity for this muscle relaxant medication was not established. The requested medication was not medically necessary.

**Retrospective Tramadol Extended Release 150mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there is documentation of subjective decrease in pain. However, there is no documentation of a maintained increase functional improvement. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication was not medically necessary.

**Retrospective Pantoprazole 20mg quantity 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to California MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. In addition it is unclear why this patient was prescribed Protonix (Pantoprazole) x2. Based on the available information provided for review, the medical necessity for Protonix was not established. The requested medication was not medically necessary.

**Retrospective Cyclobenzaprine 7.5mg quantity 90 (DOS: 03/04/2015): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants (for pain), Cyclobenzaprine.

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

**Decision rationale:** Cyclobenzaprine (Fexmid) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to the reviewed literature, Fexmid is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment and it is not recommended for longer than 2-3 weeks. According to the CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there is no clearly documented benefit or any functional improvement from prior Fexmid use. In addition, there is no clinical indication presented for the chronic or indefinite use of this medication. Of note, there was no reason documented for the request for Cyclobenzaprine (Fexmid) twice. Based on the currently available information, the medical necessity for this muscle relaxant medication was not established. The requested medication was not medically necessary.