

<b>Case Number:</b>	CM15-0239903		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	12/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 48 year old female, who sustained an industrial injury on 1-4-11. The injured worker was diagnosed as having severe facet degenerative changes of the lower lumbar spine at L4-S1, left sacroiliitis, rule out left hip or pelvic pathology, L4-5 protrusion with neural encroachment, and bilateral knee pain. Treatment to date has included shockwave therapy, TENS, and medication including Percocet, Cyclobenzaprine, and Pantoprazole. The injured worker had been taking Cyclobenzaprine and Pantoprazole since at least July 2015 and Percocet since at least August 2015. Physical exam findings on 11-9-15 included tenderness to the lumbar spine and spasm of the lumbar paraspinal musculature. On 10-19-15 pain was rated as 7 of 10 in the right knee and 5 of 10 in the left knee. On 11-9-15, the injured worker complained of right knee pain rated a 7 of 10 and left knee pain rated as 5 of 10. The treating physician requested authorization for Percocet 7.5mg #90, Cyclobenzaprine 10mg #90, and Pantoprazole 20mg #60. On 12-2-15 the request for Percocet was modified to certify a quantity of 45. The request for Cyclobenzaprine was modified to certify a quantity of 45. The request for Pantoprazole was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Percocet 7.5 mg Qty 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on Percocet since at least August of 2015 without significant evidence of functional improvement therefore this request is not medically necessary.

**Cyclobenzaprine 10 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Cyclobenzaprine 10 mg Qty 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.

**Pantoprazole 20 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Proton pump inhibitors and Other Medical Treatment Guidelines <http://www.drugs.com/pro/pantoprazole.html>.

**Decision rationale:** Pantoprazole 20 mg Qty 60 is not medically necessary per the MTUS Guidelines, the ODG and an online review of Pantoprazole. An online review of this medication reveals that this medication is indicated twice daily for Zollinger Ellison syndrome which the patient does not have documentation of. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI 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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation indicates that the patient is taking Pantoprazole status post bariatric surgery. There is no evidence of failed first line proton pump inhibitors as recommended by the ODG. There is no discussion of objective efficacy of Pantoprazole therefore this request is not medically necessary.