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| <b>Case Number:</b>   | CM14-0145047 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 03/30/2009 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 08/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Clinical Summary: The patient is a 34 year old male who was injured on 03/30/2009 while lifting 150 lbs of rotary units. He sustained an injury to his low back and left low back. The patient underwent L5 decompression in 2009 and revision of lumbar decompression in 2011. Follow-up consult dated 07/28/2014 states the patient presented low back pain. On exam, lumbar range of motion revealed flexion of 50 degrees; extension of 30 degrees; left and right lateral tilt 40 degrees; left and right rotation 30 degrees. His range of motion produced pain. His diagnosed included rule out lumbar radiculopathy, rule out lumbar intradiscal component. The patient was dispensed Pantoprazole 20 mg for occasional GI upset with Naproxen; tramadol 150 mg, and cyclobenzaprine 7.5 mg. Prior utilization review dated 08/19/2014 states the requests for Pantoprazole 20mg #90; Tramadol 150mg #30; and Cyclobenzaprine 7.5mg #90 are denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #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 (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Proton pump inhibitors

**Decision rationale:** According to MTUS guidelines, proton pump inhibitors (PPI) are recommended for patients taking non-steroidal anti-inflammatory drug (NSAIDs) at moderate to high risk of gastrointestinal events. According to ODG guidelines, "a trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective." In this case a request is made for pantoprazole (Protonix) for a 34-year-old male with chronic back pain taking naproxen on a long-term basis with occasional gastrointestinal upset. A PPI appears to be indicated. However, pantoprazole is not recommended first-line. There is no documented failure of first-line PPI's. Medical necessity is not established.

**Tramadol 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, Tramadol may be indicated for moderate to severe pain. Long-term efficacy of opioids is unclear for chronic back pain. There are no trials of long-term opioid use for chronic neuropathic pain. In this case the patient is a 34-year-old male with chronic low back pain status post lumbar decompression surgery in 2009 and 2011. He is prescribed Tramadol ER on a long-term, scheduled basis. However, medical records fail to demonstrate pain reduction or clinically significant functional improvement, including reduction in dependency on medical care, from use of opioids or Tramadol. Medical necessity is not established.

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended "with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time,

and prolonged use of some medications in this class may lead to dependence." In this case a request is made for cyclobenzaprine for a 34-year-old with chronic low back pain. However, the patient is prescribed this medication on a chronic basis without evident functional improvement. He is also concurrently prescribed naproxen. Medical necessity is not established.