

Case Number:	CM14-0165337		
Date Assigned:	10/10/2014	Date of Injury:	08/22/2012
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 59-year-old female who sustained an injury on 8/22/12. As per 8/27/14 report, she presented with neck and low back pain as well as numbness and tingling in the RUE and RLE. The pain was rated at 5/10 with medications and 8/10 without. She also had continued muscle spasms in the neck and found that these were reduced with her muscle relaxer. Exam revealed numbness to the right C8 and T1, positive cervical tenderness, muscle spasms in the cervical paraspinals, about 20% decreased cervical spine ROM and 20% decreased lumbar spine ROM. C-spine MRI on 11/15/12 revealed disc herniation at the C5-6 level. C-spine X-rays of 7-views on 3/3/14 revealed marked spondylosis at the C5-6 level. Previous treatments have included physical therapy, acupuncture and medications. She currently takes Naproxen for pain and inflammation as she has failed OTC NSAIDs including aspirin and ibuprofen; Protonix as needed for GI protection due to NSAID use and history of gastritis with medication; and Cyclobenzaprine PRN muscle spasms and for pain relief. She has found these helpful in the past in decreasing muscle spasms. These medications decrease her pain by approximately 2-3 points on the pain scale and allow improved ADL's including the ability to ambulate, use the bathroom, provide self-care, cook, and clean. Her ability to function has reportedly much improved with the use of the prescribed medications and has resulted in a marked decrease in symptoms cause by the industrial injury. Diagnoses include musculoligamentous sprain/strain, cervical spine, Cervical disc herniation C5-6, and LS strain; possible HNP. The request for Anaprox DS (naproxen sodium) 550mg Quantity: 90, Fexmid (cyclobenzaprine) 7.5 mg, and Protonix (pantoprazole) 20mg was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS (naproxen sodium) 550mg Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief, at the lowest dose in patients with moderate to severe pain, there is no evidence of long-term effectiveness for pain or function. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the medical records do not demonstrate any significant improvement in pain level (i.e. VAS) or function with this medication. Furthermore, it appears that the requested dose is 550mg three a day, which would exceed the recommended daily dose of 1100mg for long-term use. Therefore, the request is not medically necessary according to the guidelines.

Fexmid (cyclobenzaprine) 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41.

Decision rationale: Per CA MTUS guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Fexmid) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm unresponsive to first line therapy. There is no documentation of non-pharmacological methods of treating spasm such as daily stretching exercise. Furthermore, chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the request for Fexmid is not considered medically necessary.

Protonix (pantoprazole) 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI, Page(s): 68.

Decision rationale: According to the CA MTUS, "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Pantoprazole (Protonix) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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 recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events. Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case however, the IW has a history of gastritis and has been taking NSAIDs with Protonix for a long time. There is no documented trial of changing to another NSAIDs. Moreover, the determination for Anaprex is non-certification. Long-term use of PPI (> one year) is not recommended due to increased risk of hip fracture. As such, the medical necessity of the request for Protonix has not been established in accordance to guidelines.