

<b>Case Number:</b>	CM14-0211415		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 40 year old man with a date of injury of 1/8/14. He was seen by his orthopedic provider on 11/11/14 with low back pain and lower extremity symptoms, right > left. He inquired regarding a gym membership was 'well familiar with gym exercise'. His medications were said to maintain his ADLs as well as exercise and greater range of motion. He denied side effects with cyclobenzaprine and pantoprazole but did have GI upset at lower dosing of pantoprazole, felt secondary to the NSAIDs. His exam showed tender paraspinal muscles with spasm. He had a negative straight leg raise. He had intact sensation and strength and reflexes to his lower extremities. His lumbar flexion was 40 degrees, extension 20 degrees and left and right lateral tilt 25 degrees. His diagnoses were lumbar sprain/strain, facet osteoarthopathy L4-5 and L5-S1, lumbar degenerative disease - multiple levels and lumboparaspinal muscle spasm. He had a negative urine drug screen in 4/14. At issue in this review is the request for naproxen, pantoprazole, cyclobenzaprine, a urine toxicology screen and a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

**Decision rationale:** This worker has chronic pain with an injury sustained in 2014. His medical course has included use of several medications including naproxen and cyclobenzaprine. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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 records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

**Naproxen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

**Decision rationale:** This worker has chronic pain with an injury sustained in 2014. His medical course has included use of several medications including naproxen and cyclobenzaprine. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document that this medication is following the guidelines and only for short-term use. He is also having side effects from the naproxen requiring high doses of a proton pump inhibitor. The medical necessity of naproxen is not substantiated in the records.

**Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** This worker has chronic pain with an injury sustained in 2014. His medical course has included use of several medications including naproxen and cyclobenzaprine. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The medical records fail to document that this medication is following the guidelines and only for short-term

use. As well, there is still spasm on physical exam bringing into question the efficacy of the medication. The medical necessity of cyclobenzaprine is not substantiated in the records.

**Urine Drug Toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43, 77, 78.

**Decision rationale:** This injured worker has a history of chronic pain since 2014. The worker has used various medications including NSAIDs and cyclobenzaprine. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening was negative. The records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The medical necessity of a urine drug screen is not substantiated in the records.

**Gym Membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46-47.

**Decision rationale:** Per the guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. It is documented that this injured is already engaging in an exercise program as the records state that the pain medications allow him to maintain his exercises. The records do not support the medical necessity for a gym membership when he is able to exercise on his own.