

<b>Case Number:</b>	CM15-0007628		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

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

This 42 year old man sustained an industrial injury on 6/29/2013. Current diagnoses include multiple trauma, right facial trauma, psychological injury, closed head injury, and status post anterior cervical discectomy and fusion. The mechanism of injury is not detailed. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes on a PR-2 dated 11/6/2014 show a post-operative visit. Recommendations include Protonix to be used as needed for gastrointestinal protection due to NSADI use and history of gastritis, cyclobenzaprine to use as needed for muscle spasm and pain relief as the worker has found these helpful in the past, Percocet for pain relief, Naproxen, and physical therapy. On 12/30/2014, Utilization Review evaluated prescriptions for Fexmid (cyclobenzaprine) 7.5 mg #60 tabs 1 tab 3x/day, Ultram (Tramadol HCL ER) 150 mg #60 caps 1 cap 1x/day, and Protonix (Pantoprazole) 20 mg #60 tabs 1 cap 2x/day, that was submitted on 1/12/2015. The UR physician noted the following: regarding the cyclobenzaprine, it has been prescribed for more than the maximum duration of three weeks. Regarding the Tramadol, there was no rationale for this medication to be ordered. Regarding the Protonix, there is no documentation of a first line proton pump inhibitor failing. The MTUS, ACOEM (or ODG) Guidelines was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine) 7.5 MG #60 Tabs 1 Tab 3x/Daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the MTUS guidelines , Cyclobenzaprine (Fexmid)) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Muscle relaxants including Morflex in the past for several months and continues to have pain and spasms. No one muscle relaxer is superior to another and continued use of Fexmid is not medically necessary.

**Ultram (Tramadol HCL ER) 150 MG, #60 Caps, 1 Cap 1x/Day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on opioids including Norco /Percocet for several months in combination with NSAIDs. No one opioid is superior to another. He had been prescribed the maximum dose. Pain response remained 6-7/10 on multiple opioid trials. There was no evidence of Tylenol failure. The continued use of Tramadol ER as above is not medically necessary.

**Protonix (Pantoprazole) 20 MG #60 Tabs, 1 Cap 2x Daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI

events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Protonix is not medically necessary.