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| <b>Case Number:</b>   | CM15-0017824 |                              |            |
| <b>Date Assigned:</b> | 02/05/2015   | <b>Date of Injury:</b>       | 01/09/2013 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2015 |

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on 1/9/2013. He reports bilateral knee and shoulder pain. Diagnoses include right shoulder rotator cuff tear with chronic impingement, bilateral knee osteo arthropathy and left shoulder status post arthroscopic subacromial decompression. Treatments to date include physical therapy, TENS (transcutaneous electrical nerve stimulation), left knee debridement of the anterior cruciate ligament, partial medial meniscectomy and arthroplasty of the medial plateau (3/1/2014), left shoulder arthroscopy (1/10/2013) and medication management. The injured worker had a right shoulder surgery prior to the injury date. A progress note from the treating provider dated 12/3/2014 indicated the injured worker reported bilateral knee and bilateral shoulder pain. On 1/19/2015, Utilization Review non-certified the request for a retrospective review of Pantoprazole 20mg #90 and Cyclobenzaprine 7.5mg #90, citing MTUS, ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Pantoprazole 20 mg # 90 DOS 11/5/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with pain affecting the bilateral knee and shoulder. The current request is for Retrospective request for Pantoprazole 20 mg # 90 DOS 11/5/14. The treating physician report dated 12/3/14 (23B) states "patient is at "intermediate risk" for development of adverse GI events with NSAID on board and has failed first line PPI omeprazole as was non-efficacious." The report goes on to state, "History of GI upset with NSAID without PPI, PPI @ qd and bid dosing, but patient denies GI upset with PPI at tid dosing, current." The MTUS guidelines state Pantoprazole is recommended with precautions, "(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)." In this case, the patient is currently being prescribed Naproxen and suffers from GI upset when it is not taken with a PPI. Furthermore, the patient has failed first-line PPI's and the physician feels that the patient's GI symptoms will be alleviated with the prescription of Pantoprazole. The current request satisfies the MTUS guidelines as outline on pages 68-69. Recommendation is for authorization.

**Retrospective request for Cyclobenzaprine 7.5 mg # 90 DOS 11/5/14:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the bilateral knee and shoulder. The current request is for Retrospective request for Cyclobenzaprine 7.5 mg # 90 DOS 11/5/14. The treating physician report dated 12/3/14 (23B) states, "This is compliant with MTUS updated Guidelines p64-66 and ACOEM p767 provided refractory spasm to moist heat, stretching, exercise, TENS, cold, activity modification with reluctant decrease in activity as well as range of motion. Recall that spasm and pain parallel which is why this medication has been quite efficacious for pain component as well. No side effects appreciated/reported including lethargy, cognitive, or otherwise." MTUS guidelines for muscle relaxants states the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided, do not show that the patient was taking cyclobenzaprine prior to 11/5/14. The patient presents with spasm of the cervical trapezius/calf and functional improvement is documented. In this case, the physician is requesting the medication to be taken 3 times a day and a quantity of 90 were prescribed. The use of the medication is outside the 2-3 weeks recommended by MTUS. Recommendation is for denial.

