

Case Number:	CM15-0018904		
Date Assigned:	02/06/2015	Date of Injury:	03/02/2010
Decision Date:	03/18/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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: Pennsylvania
 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 56-year-old male sustained work-related right shoulder and low back injuries on 3/2/2010. The diagnoses include cumulative trauma of the lumbosacral spine, thoracic sprain/strain, lumbosacral radiculitis, intervertebral disc displacement, sacroiliac joint and right shoulder rotator cuff tear. Previous treatments include medications, epidural injections, TENS, heat and cold applications, physical therapy, chiropractic care and surgery. The treating provider requests Cyclobenzaprine 7.5 mg #60 and 7.2 mg #60, Pantoprazole 20 mg #60 and Nalfon 400 mg #60. The Utilization Review on 1/29/2015 non-certified Cyclobenzaprine 7.5 mg #60 and 7.2 mg #60, Pantoprazole 20 mg #60 and Nalfon 400 mg #60, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg tab (Fexmid) #60 7.2 MG TAB (Fexmid) #60: 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 Muscle Relaxants Page(s): 41-42.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patient's with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as cyclobenzaprine are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Cyclobenzaprine is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has already been on this medication for at least several months. No rationale is provided for an exception to the use of this medication longer than 2-3 weeks and there is no indication that he is gaining benefit from the continued use.

Pantoprazole 20mg #60 (Protonix): 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 NSAIDs Page(s): 68.

Decision rationale: Proton pump inhibitors such as pantoprazole are indicated for patients on NSAIDs at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was at risk for gastrointestinal events. Therefore, pantoprazole cannot be considered to be medically necessary.

Nalfon 400mg #60: 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 NSAIDs Page(s): 67.

Decision rationale: Nalfon (fenoprofen) is a nonsteroidal anti-inflammatory drug. Nonsteroidal anti-inflammatory drugs such as Nalfon may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no benefit from the use of nonsteroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of Nalfon for an acute exacerbation

of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time.