

Case Number:	CM15-0120444		
Date Assigned:	07/01/2015	Date of Injury:	07/04/2011
Decision Date:	09/10/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Emergency 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 32 year old, male who sustained a work related injury on 7/4/11. The diagnoses have included neural encroachment L5-S1 with radiculopathy and lumbar spondylosis. Treatments have included medications, activity modifications, home exercises, physical therapy, heat therapy, TENS unit therapy and physical therapy. In the PR-2 dated 4/15/15, the injured worker complains of low back pain with left "rhythm" right lower extremity symptoms. He rates his pain level a 7/10. He states the medications are helping to facilitate his activities of daily living. His use of Hydrocodone has decreased with the addition of Tramadol. He states that non-steroidal anti-inflammatory (NSAID) medication helps him with his range of motion. He states he has a history of gastrointestinal (GI) upset with the use of NSAID medication but that the proton pump inhibitor (PPI) medication he takes helps with the GI upset. He states that the conservative treatments he has done did not help with the spasms he was having prior to taking Cyclobenzaprine. He states the Cyclobenzaprine helps to decrease his spasms for approximately 4-6 hours which helps with his activity level. It also helps to drop his overall pain level average to 3-4/10. On physical examination, he has tenderness to touch of lumbar spine. Lumbar range of motion is restricted by pain. He has positive straight leg raises with both legs. He is not working. The treatment plan includes refill prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 04/30/15: Proton Pump Inhibitors.

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

Decision rationale: Per CA MTUS guidelines, Pantoprazole is a proton pump inhibitor (PPI) used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. He has been on this medication for greater than 6 months. "Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." He does not have any gastrointestinal complaints at the present time. He has noted that the current PPI helps with his gastrointestinal issues. There are no abdominal examinations included in the documentation. The requested treatment of Pantoprazole is not medically necessary.

Cyclobenzaprine 7.5 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-64.

Decision rationale: Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical." Cyclobenzaprine is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Long term use of Cyclobenzaprine is not recommended. This medication has been used by him for greater than 6 months. It is noted that Cyclobenzaprine has consistently been requested for refill from visit to visit. He states the Cyclobenzaprine helps with the muscle spasms. Even though this medication helps him, long term use of Cyclobenzaprine is not recommended or supported by the guidelines. The request for Cyclobenzaprine is not medically necessary.