

<b>Case Number:</b>	CM15-0170229		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old male, who sustained an industrial injury on 2-1-12. The injured worker was diagnosed as having lumbosacral sprain-strain, lumbar disc protrusions, lumbar facet syndrome, left sacroiliac sprain and left knee internal derangement with medial meniscal tear. Treatment to date has included pain management, lumbar epidural injection, and oral medications including Naproxen, Tramadol, pantoprazole and Cyclobenzaprine and activity modifications. (EMG) Electromyogram studies performed on 8-11-14 revealed increased insertional activity in left medial gastrocnemius muscle and at left lower lumbosacral paraspinal level. Currently on 7-22-15, the injured worker complains of constant back pain rated 6-9 out of 10 without medications and 4-5 out of 10 with medications and constant left knee pain with no significant improvement and some worsening following knee surgery a year ago; he rates the pain 5-6 out of 10 with minimal activity and up to 8 out of 10 with prolonged standing and rated 4-5 out of 10 (down from 8 out of 10) with Naproxen or Tramadol. He also notes Cyclobenzaprine helps to improve his sleep. He is noted to be temporarily totally disabled. Physical exam performed on 7-22-15 revealed restricted range of motion of lumbar spine with tenderness to palpation over the lumbar spine in midline and tenderness to palpation over both sacroiliac joints with active trigger points in left paralumbar muscle associated with a twitch sign and tenderness to palpation over the medial joint line and femoral condyle of the left knee with painful range of motion. A request for authorization was submitted on 7-22-15 for Naproxen 550mg #60, Tramadol 50mg #90, Pantoprazole 40mg #60 and Cyclobenzaprine 7.5mg #60. On 7-30-15, utilization review non-certified request for Pantoprazole due to no documentation of a first line proton pump inhibitor and modified the request for Cyclobenzaprine to #30 noting it appears to be used chronically and the modification was allowed for weaning purposes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pantoprazole 40mg a day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton Pump Inhibitors (PPIs) Section.

**Decision rationale:** The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. Per the ODG, other PPIs such as Protonix, Dexilant, and Aciphex, should be second-line. In this case, there is indication that the injured worker has had gastrointestinal events related to the use of NSAIDs. While PPIs are warranted in this case, Protonix is considered a second-line agent and there is no evidence of failure with a first-line agent. The request for Pantoprazole 40mg a day #60 is determined to not be medically necessary.

### **Cyclobenzaprine 7.5mg at bedtime #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, Cyclobenzaprine is being used for chronic pain and assistance with sleep which is not supported by the established guidelines. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5mg at bedtime #60 is determined to not be medically necessary.