MAXIMUS Federal Services

Case Number:	CM15-0173250		
Date Assigned:	09/15/2015	Date of Injury:	02/10/2015
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female, who sustained an industrial injury on 2-10-15. She reported low back pain. The injured worker was diagnosed as having bilateral foraminal stenosis at L5-S1 with radiculopathy, lumbar spondylosis, and lumbar myofascial pain. Treatment to date has included physical therapy, a home exercise program, TENS, and medication. On 7-13-15 and 8-3-15, pain was rated as 7 of 10. On 8-3-15, the treating physician noted, "medication does facilitate maintenance of activities of daily living including necessary household duties, shopping for groceries, grooming, and simple food preparation and cooking." The treating physician also noted "a history of gastrointestinal upset with NSAIDs with no proton pump inhibitors but no gastrointestinal upset with proton pump inhibitors at current dose." Physical examination findings on 8-3-15 included tenderness to the lumbar spine, a positive straight leg raise bilaterally, and spasms in the lumboparaspinal musculature. The injured worker had been taking Pantoprazole since April 2015. The injured worker had been taking Hydrocodone and Cyclobenzaprine since at least May 2015.Currently, the injured worker complains of low back pain with lower extremity symptoms. On 7-29-15, the treating physician requested authorization for Hydrocodone 10-325mg #60, Pantoprazole 20mg #90, and Cyclobenzaprine 7.5mg #90. On 8-4-15, the requests were non-certified or modified. Regarding Hydrocodone, the utilization review (UR) physician noted, "There are no specifics given in terms of significant improved measures of functional benefit after adding this medication in conjunction with the Tramadol." Regarding Pantoprazole, the UR physician noted, "I do not have specifics regarding what first-line agents of medication were prescribed for gastric upset prior to the pantoprazole to support its

use." Regarding Cyclobenzaprine, the UR physician noted, "This medication is not advocated long-term. It is only advocated for a short duration of 2-3 week time span for acute muscle spasms and not long term for chronic pain based on guidelines."

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in February 2015 and was seen by the requesting provider for an initial evaluation in April 2015. She was having back pain radiating into the lower extremities. Physical examination findings included thoracolumbar tenderness with decreased range of motion and positive straight leg raising. There was a normal neurological examination. Tramadol, Anaprox, and Protonix were prescribed. She was referred for physical therapy. In May 2015, pain was rated at 7/10. Hydrocodone was prescribed. When seen, pain was rated at 7/10. The claimant reported taking Hydrocodone no more than 2-3 times per day for breakthrough pain only. Extended release tramadol was decreasing pain by 4-5 VAS points. Naproxen was continuing to be prescribed. She recalled having failed omeprazole with ongoing gastrointestinal symptoms. Physical examination findings included positive straight leg raising with decreased lumbar range of motion and tenderness. There were lumbar paraspinal spasms. Medications including Protonix 20 mg #90 were prescribed. Hydrocodone/ acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter Work Loss Data Institute (20th annual edition), 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Protonix prescribing information.

Decision rationale: The claimant sustained a work injury in February 2015 and was seen by the requesting provider for an initial evaluation in April 2015. She was having back pain radiating into the lower extremities. Physical examination findings included thoracolumbar tenderness with decreased range of motion and positive straight leg raising. There was a normal neurological examination. Tramadol, Anaprox, and Protonix were prescribed. She was referred for physical therapy. In May 2015, pain was rated at 7/10. Hydrocodone was prescribed. When seen, pain was rated at 7/10. The claimant reported taking Hydrocodone no more than 2-3 times per day for breakthrough pain only. Extended release tramadol was decreasing pain by 4-5 VAS points. Naproxen was continuing to be prescribed. She recalled having failed omeprazole with ongoing gastrointestinal symptoms. Physical examination findings included positive straight leg raising with decreased lumbar range of motion and tenderness. There were lumbar paraspinal spasms. Medications including Protonix 20 mg #90 were prescribed. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take naproxen at the recommended dose and has a reported history of gastrointestinal upset. However, the dose being prescribed in excess of that recommended for the treatment of gastroesophageal reflux disease in the absence of a pathological hypersecretory condition such as Zollinger-Ellison syndrome, which is not present in this case. The request was not medically necessary.

Cyclobenzaprine 7.5mg #90: 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), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in February 2015 and was seen by the requesting provider for an initial evaluation in April 2015. She was having back pain radiating into the lower extremities. Physical examination findings included thoracolumbar tenderness with decreased range of motion and positive straight leg raising. There was a normal neurological examination. Tramadol, Anaprox, and Protonix were prescribed. She was referred for physical therapy. In May 2015, pain was rated at 7/10. Hydrocodone was prescribed. When seen, pain was rated at 7/10. The claimant reported taking Hydrocodone no more than 2-3 times per day for breakthrough pain only. Extended release tramadol was decreasing pain by 4-5 VAS points. Naproxen was continuing to be prescribed. She recalled having failed omeprazole with ongoing gastrointestinal symptoms. Physical examination findings included positive straight leg raising with decreased lumbar range of motion and tenderness. There were lumbar paraspinal spasms. Medications including Protonix 20 mg #90 were prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.