

<b>Case Number:</b>	CM15-0176674		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: North Carolina

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:

The injured worker is a 43 year old male, who sustained an industrial injury on 1-31-13. Medical record indicated the injured worker is undergoing treatment for incomplete spinal cord injury, low back pain, lumbar facet arthropathy, chronic pain on Nucynta, discogenic cervical condition, status post corpectomy and fibular graft with radiculopathy of C7 on left side, thoracic sprain and discogenic lumbar condition from L3-5. Treatment to date has included cervical laminectomy, trigger point injections, oral medications including Cymbalta 30mg (helps the pain), Nucynta 50mg (with good benefit), Prilosec, Neurontin 800mg (helps the pain), Voltaren 100mg, Zanaflex 4mg (for an unknown length of time) and Baclofen, physical therapy (which is helping to improve function), transcutaneous electrical nerve stimulation (TENS) unit, electric power wheelchair, back brace, H-wave machine, home exercise program, neck pillow and collar with gel. On 6-17-15 he reported burning, tingling and numbness rated 2 out of 10, the pain is constant and worse with sitting and better with lying down; he also notes muscle spasm and is being treated for a urinary tract infection. Currently on 8-5-15, the injured worker he cannot walk at all, he can stand for 7 minutes and quadriparesis is noted as a side effect of cervical laminectomy. He is not working. Physical exam performed on 6-17-15 revealed normal gait, tenderness in lumbar paraspinal muscles. Objective findings on 8-5-15 noted he is wheelchair ridden; motion was not attempted, clawing of fingers on left side suggestive of C7 involvement on left and resisted function shows mild weakness with overall good resisted function at upper extremities. There is no documentation of abdominal exam. The treatment plan included continuation of therapy, prescriptions for Nucynta 50mg #120, Zanaflex 4mg #60,

Cymbalta 60mg #30, Celebrex 200mg #30, Protonix 20mg #60 and Neurontin 600mg #90; repeat x-ray of cervical spine and repeat (MRI) magnetic resonance imaging of lumbar spine. On 8-17-15 utilization review non-certified Zanaflex 4mg noting it is unclear how long he has been on this medication, guidelines recommends against prolonged use due to risk of dependency the medical necessity of the request has not been established; and Protonix is indicated for patients at risk for gastrointestinal events and is considered a second line treatment; he was initially prescribed with Prilosec, however there was no clear evidence of failure of use; medical necessity of the request has not been established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zanaflex 4mg #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): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic lumbar pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

#### **Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment or Workers' Compensation, Online Edition, 2015, Chapter Pain (chronic), Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent

studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or Misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.