

<b>Case Number:</b>	CM15-0028283		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Texas, New York, 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 applicant is a represented 32-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a February 10, 2015 utilization review report, the claims administrator failed to approve a request for cyclobenzaprine and Protonix reportedly dispensed on January 7, 2015. The applicant's attorney subsequently appealed. On January 12, 2013, the applicant underwent an L5-S1 hemilaminotomy, foraminotomy, and partial facetectomy procedure. On September 2, 2014, the applicant was given prescriptions for Norco, Flexeril, and Protonix. It was suggested that Protonix was being given for gastric protective effect as opposed to for actual symptoms of reflux. On January 7, 2015, the applicant was given prescriptions for Naprosyn, Protonix, and Norco. Once again, it was suggested that Protonix was being given for gastric protective effect as opposed to for actual symptoms of reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #90:** 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 Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 41 of 127.

**Decision rationale:** Yes, the request for cyclobenzaprine dispensed on January 7, 2015 was medically necessary, medically appropriate, and indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine has a postoperative role. Here, the applicant underwent spine surgery some five days after the date cyclobenzaprine was dispensed, on January 12, 2015. Use of cyclobenzaprine, thus, was indicated in the postoperative context present here. Therefore, the request was medically necessary.

**Pantoprazole 20 mg #90:** 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, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Conversely, the request for pantoprazole (Protonix), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider suggested that pantoprazole (Protonix) was being employed for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Namely, the applicant is not 65 years of age and using NSAIDs (age 32), the applicant is not using multiple NSAIDs, the applicant is not using NSAIDs in conjunction with corticosteroids, the applicant does not have a history of prior GI bleeding or peptic ulcer disease, etc. Prophylactic usage of pantoprazole (Protonix), thus, was not indicated in the clinical context present here. Therefore, the request was not medically necessary.