

<b>Case Number:</b>	CM15-0065468		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	06/27/2001
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: 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 53 year old female, who sustained an industrial injury on 06/27/2001. Diagnoses included protrusion 3 millimeter C2-3 and C6-7 with radiculopathy, bilateral foraminal narrowing C2-3, C4-5, C5-6, facet osteoarthropathy C2-3, C4-5, C5-6, lumbar spondylosis, lumbar radiculopathy and cervicogenic headache. Treatment to date has included medications, physical therapy, acupuncture and epidural injection. According to the most recent progress report submitted for review and dated 12/26/2014, the injured worker complained of cervical pain with right upper extremity symptoms and low back pain with right upper extremity symptoms. Pain was rated 6 on a scale of 1-10. Medications dispensed included Tramadol, Hydrocodone, Naproxen Sodium, Pantoprazole and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med Cyclobenzaprine 10mg: qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. Chronic use of Flexeril is not medically necessary.

**Med Hydrocodone 10mg: qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Hydrocodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient's pain is chronically stable with current regiment. There is appropriate documentation of pain and activity of daily living improvement with current regiment. Monitoring of side effects and abuse is appropriate. Utilization Review states that there was an abnormal urine drug screen from 12/14 but there is no mention of the anomaly and that specific urine drug screen was not found. Other Urine Drug Screens were appropriate. Continued use of Hydrocodone meets criteria for approval.

**Med Pantoprazole 20mg: qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

**Decision rationale:** Pantoprazole is a proton-pump inhibitor (PPI) used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia in patients on NSAIDs. Patient has complaints of dyspepsia on current NSAID therapy. For unknown reason, the provider states that patient's risk for GI bleed is "intermediate" with no documentation of rationale such as prior bleeds or medical problems. Current regiment is not appropriate. Dosing frequency is once a day for most indications and may occasionally be used twice a day only for hypersecretory conditions or with active H.Pylori infection. Patient is on a 3 times a day regiment which is not indicated. Current pantoprazole regiment is not medically necessary.