

Case Number:	CM15-0096986		
Date Assigned:	07/15/2015	Date of Injury:	06/20/2007
Decision Date:	09/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 44-year-old male, who sustained an industrial injury on 06-20-2007. He has reported subsequent low back pain and was diagnosed with chronic back pain with L5-S1 degenerative disc disease and bilateral lower extremity radicular like symptoms, left greater than right, status post lumbar decompression in 2010 and probable left hip greater trochanteric bursitis. Treatment to date has included medication, lumbar epidural steroid injections, chiropractic care, bracing, surgery and transcutaneous electrical nerve stimulator (TENS). A progress note dated 11-14-14 shows that medication including Pantoprazole and Cyclobenzaprine had significantly reduced pain and eliminated gastrointestinal (GI) complaints and that the injured worker inquired about resuming those medications. The medications were then restarted as per the office visit note. In a progress note dated 03-06-2015, the injured worker complained of low back pain with left lower extremity symptoms that was rated as 7 out of 10. Objective findings were notable for tenderness of the lumbar spine with decreased range of motion, diminished sensation in the left L4-S1 dermatomal distributions and positive straight leg raise on the left for pain to the foot at 35 degrees. A request for authorization of 12 sessions of physical therapy, Pantoprazole 7.5 mg #60 and Cyclobenzaprine 7.5 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: As per CA MTUS guidelines, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." For a diagnosis of neuralgia, neuritis and radiculitis, 8-10 visits over 4 weeks are recommended. As per ODG, for a diagnosis of lumbago; backache 9 visits over 8 weeks are recommended. Documentation shows that the injured worker was diagnosed with chronic low back pain and radicular symptoms. Previous modalities including medications, bracing, transcutaneous electrical nerve stimulator and chiropractic care had been only minimally helpful. Although it appears that the injured worker has not had previous recent physical therapy and may benefit from physical therapy visits for continued low back and lower extremity pain, the request exceeds guidelines for physical therapy recommendations for the injured worker's diagnoses. Therefore, the request is not medically necessary.

Pantoprazole 7.5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD), page 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Proton-Pump Inhibitors.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in patients who are taking non-steroidal anti-inflammatory (NSAID) medications, the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." As per ODG, proton-pump inhibitors are recommended for patients at risk for gastrointestinal events. Protonix (Pantoprazole) is noted to be a second-line therapy. There is no evidence that the injured worker was taking multiple NSAID medications, the injured worker was not greater than 65 years of age and there was no documented history of gastrointestinal bleeding or peptic ulcers. There is also no documentation

of any subjective gastrointestinal complaints or abnormal objective gastrointestinal examination findings. Therefore, the request for authorization of Pantoprazole is not medically necessary.

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to CA MTUS guidelines, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Documentation shows that Cyclobenzaprine had been prescribed to the injured worker since 11-14-2014 and was noted to have been used in the past with success. There is no documentation of functional improvement from any previous use of this medication as there is no documentation of a change in work status and although there was documentation of an increase in tolerance to a variety of activities, there were no specifics given that support this statement. There is no documentation of a significant reduction in pain and the most recent progress note indicates that the severity of pain is 7 out of 10. In addition, this medication is not recommended for long-term use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request for Cyclobenzaprine is not medically necessary.