

<b>Case Number:</b>	CM15-0099290		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Physical Medicine & Rehabilitation

### 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 33-year-old female injured worker suffered an industrial injury on 08/02/2012. The diagnoses included lumbar disc displacement without myelopathy, disorders of the sacrum, lumbar degenerative disc disease, chronic lumbago and chronic pain syndrome. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with home exercise program, physical therapy and medications. On 4/2/2015 the treating provider reported low back pain that radiated to the right buttock, right thigh and right great toe. She had some burning in both feet and spasms to both legs. The treatment plan included Pantoprazole, Nabumetone and Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole- Protonix 20mg #60(ms): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 4/30/15) Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Pantoprazole- Protonix 20mg #60. The Request for Authorization is dated 05/06/15. Treatments to date have included home exercise program, physical therapy, TENS, FRP, acupuncture, myofascial therapy and medications. The patient is permanent and stationary and currently not working. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. According to progress report 05/14/15, this patient suffers from chronic pain syndrome. Physical and massage therapy has been significantly beneficial in increasing function. She is using the medication Protonix for her stomach, Relafen as anti-inflammatory, Tramadol for pain, Baclofen for spasms, Venlafaxine and Diazepam. Treatment plan was for refill of medications. The patient has been utilizing Protonix since at least 10/07/14. Progress reports note that the patient has "GI discomfort associated with NSAID usage" and Protonix is used as a prophylaxis. The patient reported "Protonix one a day with benefit." The use of this medication is appropriate given the patient's long term use of a NSAID with associated gastric issues that has been controlled with the use of Protonix. This request IS medically necessary.

**Nabumetone - Relafen 550mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Nabumetone - Relafen 550mg #90. The Request for Authorization is dated 05/06/15. Treatments to date have included home exercise program, physical therapy, TENS, FRP, acupuncture, myofascial therapy and medications. The patient is permanent and stationary and currently not working. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS page 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. According to progress report 05/14/15 this patient suffers from chronic pain syndrome. Physical and massage therapy has been significantly beneficial in increasing function. She is using the medication Protonix for her stomach, Relafen as anti-inflammatory, Tramadol for pain, Baclofen for spasms, Venlafaxine and Diazepam. Treatment plan was for refill of medications. The patient has been using Nabumetone since at least 10/07/14. Progress report 05/14/15 states patient is utilizing Nabumetone and she "continues to derive benefit with usage." Report 04/07/15 stated that the patient is using Nabumetone on an as needed basis with decrease in pain. Given the conservative nature of this medication and documented analgesia attributed to

the use of Nabumetone, continued use is supported by MTUS. The request is medically necessary.

**Baclofen 10mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Baclofen 10mg (quantity unspecified). The Request for Authorization is dated 05/06/15. Treatments to date have included home exercise program, physical therapy, TENS, FRP, acupuncture, myofascial therapy and medications. The patient is permanent and stationary and currently not working. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. 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." According to progress report 05/14/15 this patient suffers from chronic pain syndrome. Physical and massage therapy has been significantly beneficial in increasing function. She is using the medications Protonix for her stomach, Relafen as anti-inflammatory, Tramadol for pain, Baclofen for spasms, Venlafaxine and Diazepam. Treatment plan was for refill of medications. The patient has been using Baclofen since at least 1/07/14. Progress reports continually note that Baclofen is prescribed for the patient's spasms, there is no discussion regarding medication efficacy. There is no assessment of pain or function with using this medication. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request is not medically necessary.