

Case Number:	CM13-0043462		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2012
Decision Date:	07/30/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that 56-year-old individual was reportedly injured on 11/5/2012. The mechanism of injury was listed as a slip and fall. The most recent progress note dated 11/5/2013, indicated that there were ongoing complaints of low back pain, right arm pain, bilateral hip pain and numbness/tingling of bilateral lower extremities. The physical examination demonstrated lumbar spine Muscle spasm of bilateral paravertebral muscles and tenderness to palpation of bilateral lumbosacral junction and SI joint. Bilateral straight leg raise caused low back pain and hip pain. Positive sacroiliac joint compression test. Decreased range of motion with pain. Right shoulder: Tenderness to palpation anterior-posterior shoulder girdle, trapezius, subscapularis and subacromial muscles. Muscle spasms over the trapezius, infraspinatus, teres minor and major. Trigger points with radiating pain to the hand and infraspinatus. Trigger point in Levator scapulae and mid scapulae. Pain with range of motion. Diagnostic imaging studies included electromyogram/nerve conduction study on 5/23/2013 of bilateral lower extremities and revealed no evidence of lumbar radiculopathy or generalized peripheral neuropathy of the lower extremities. Previous treatment included physical therapy, chiropractic treatment, Norflex and Iodine. A request was made for unknown prescription of Mobic, gabapentin 600mg, #60, Robaxin 740mg #60 and was not medically necessary in the pre-authorization process on 10/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF MOBIC: 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 Page(s): 72.

Decision rationale: Mobic is a nonsteroidal anti-inflammatory used in the treatment of osteoarthritis. The usual initial dose is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. The maximum dose is 15 mg/day. After review of the medical records, there was no dosing listed for this medication. Therefore, the request is deemed not medically necessary due to lack of pertinent information.

PRESCRIPTION OF GABAPENTIN 600MG, #60: 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 Page(s): 16-20, 49.

Decision rationale: Gabapentin is considered a first-line treatment for neuropathic pain. After review of the medical records provided, it was noted that the patient did complain of pain, numbness and tingling radiating down into the lower extremities all the way into her toes. Electromyogram/nerve conduction study was unremarkable. On physical examination, there was no documentation of any abnormal neurological findings on physical exam. With a negative diagnostic study and no objective clinical findings on physical examination, the need for continued use of this medication is deemed not medically necessary.

PRESCRIPTION OF ROBAXIN 740MG, #60: 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 Page(s): 65.

Decision rationale: Muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension and increasing mobility. However, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some of these medications in this class may lead to dependence. After review of the medical documentation/records provided, it was noted that the patient did have documentation of trigger points and muscle spasms in the upper back. In the subjective portion of the note, it said Robaxin helps with her "pain". This medication is intended for short-term treatment; however, the patient has been using this medication for quite

some time now and the treating physician is requesting an additional refill. According to the guidelines and after reviewing the medical records, the request to continue this medication is deemed not medically necessary.