

Case Number:	CM13-0046852		
Date Assigned:	12/27/2013	Date of Injury:	03/19/2001
Decision Date:	07/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 injured worker is a 45-year-old male who was reportedly injured on March 19, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 6, 2014, indicated that there were ongoing complaints of lumbar spine and bilateral lower extremity pains. Current medications were stated to include MS Contin, morphine sulfate, Neurontin, Flexeril, and Halcion. There was stated to be pain relief with MS Contin and morphine sulfate. Neurontin was stated to help reduce burning leg pain and Flexeril was stated to help decrease muscle spasms. It was stated that Halcion was not helping with sleep. The physical examination demonstrated a postoperative scar. There was tenderness and muscle spasms over the paravertebral musculature. There was a positive left sided straight leg raise test and decreased lumbar spine range of motion. Diagnostic imaging studies objectified a spondylolisthesis at L5-S1 with disc bulging as well as degenerative disc disease and facet changes at L4-L5. Previous treatment included a lumbar spine laminectomy/discectomy at L4-L5 and L5-S1. A request had been made for Robaxin, Neurontin, Halcion, and a back brace and was not certified in the pre-authorization process on September 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), METHOCARBAMOL (ROBAXIN, RELAXIN, GENERIC AVAILABLE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63 of 127.

Decision rationale: Robaxin is a muscle relaxant indicated as a second line option for short-term usage for acute exacerbations of chronic low back pain. There was no mention in the attached medical record that the injured employee was having acute exacerbations of his low back pain. This request for Robaxin is not medically necessary.

NEURONTIN 600MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), NEURONTIN (GABAPENTIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16 of 127.

Decision rationale: The most recent progress report dated January 6, 2014, stated that there was relief of the burning lower extremity pain with use of Neurontin. This request for Neurontin is medically necessary.

HALCION 0.25MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), BENZODIAZEPINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Halcion, updated July 10, 2014.

Decision rationale: The most recent progress report dated January 6, 2014, stated that the employee was not having any relief with the usage of Halcion and it was discontinued. This request for Halcion is not medically necessary.

ONE (1) PROLIGN LUMBAR-SACRAL ORTHOSIS (LSO) BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back, Lumbar supports, updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of a lumbar support is not indicated for prevention and only recommended for usage for spondylolisthesis, documented instability, or in the postoperative setting. Although the injured employee had lumbar spine surgery, he is not in the recent postoperative setting. This request for a lumbosacral orthosis brace is not medically necessary