

<b>Case Number:</b>	CM13-0059369		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; muscle relaxant; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 11, 2013, the claims administrator denied a request for Robaxin, denied a request for Prilosec, and conditionally denied a request for Norco. The applicant's attorney subsequently appealed. A clinical progress note of November 27, 2013 is notable for comments that the applicant reports persistent low back pain, 8/10 without medications and 6/10 with medications. The applicant recently had epidural steroid injections which were not helpful. The applicant is using two Norco a day. The applicant is using Soma for muscle spasms. Prilosec is taken for dyspepsia related to medications, it is stated. Tramadol has not improved the applicant's pain complaints whatsoever, it is stated. The applicant is reportedly unable to work. It is stated that pain interferes with ability to perform all activities of daily living, both work and non-work. Norco and OxyContin are apparently renewed, as is a request for six additional sessions of chiropractic manipulative therapy. A subsequent progress note of December 5, 2013 is notable for comments that the applicant is using Norco, Robaxin, and Prilosec in one section of the report. At the conclusion of the report, the attending provider issues refills for Tramadol, Soma, Norco, and Prilosec. It is not stated why the applicant is using both Robaxin and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROBAXIN 750 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended for short-term purposes, to treat acute exacerbations of chronic low back pain. They are not recommended for chronic, long-term, scheduled, or longstanding use purposes. In this case, it appears that Robaxin is in fact being intended for chronic or long-term use purposes. This is not recommended, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that information on file seemingly suggests that the applicant is using another muscle relaxant, including Soma. It is not clearly stated why the applicant needs to use two separate muscle relaxants, both Soma and Robaxin, neither of which are recommended for chronic or long-term use purposes. Therefore, the request remains not certified, on Independent Medical Review.

**PRILOSEC 20 MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant was described on an office visit of November 27, 2013 as experiencing issues related to medication-induced dyspepsia. Ongoing usage of Prilosec to combat the same is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.