

Case Number:	CM14-0005292		
Date Assigned:	01/24/2014	Date of Injury:	12/22/2000
Decision Date:	06/12/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/14/2014

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, has a subspecialty in Pain Management, 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:

This is a female patient with the date of injury of December 22, 2000. A utilization review determination dated December 24, 2013 recommends non-certification of Robaxin 750mg #120, Protonix 30mg, and 4 sessions of physical therapy. The previous reviewing physician recommended non-certification of Robaxin 750mg #129 due to lack of documentation of how long the patient has been using the medication along with any functional benefit from use; non-certification of Protonix 30mg due to lack of documentation of an increased risk for gastrointestinal events; and non-certification of 4 sessions of physical therapy due to lack of documentation of functional improvement from the completed physical therapy sessions. A progress report dated December 10, 2013 identifies subjective complaints of pain to low back and bilateral knees. The patient has completed six sessions of physical therapy rehabilitation with benefit. She reports pain level of 8/10 that went down to 3/10 with medications. She has increased function in activities of such as walking with medication use. Objective Findings identify tenderness to palpation with muscle spasm and guarding over the right sacroiliac joint. Moderate tenderness to palpation is present over paravertebral musculature. The diagnoses identify lumbar spine musculoligamentous sprain/strain with Grade I spondylolisthesis of L5 on S1. The treatment plan identifies prescribe Protonix and Robaxin, recommend complete authorized four sessions of physical therapy rehabilitation.

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 Section Methocarbamol (Robaxin).

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

Decision rationale: Regarding the request for Robaxin, the Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, the requesting physician has identified that the current medication regimen reduces the patient's pain from 8/10 to 3/10. The physician has also identified increased functional activities, and muscle spasm present on physical examination. The MTUS guidelines recommend muscle relaxants to be used only for a short period of time. It appears this medication is intended for chronic use. As such, the request for Robaxin is not medically necessary.

PROTONIX 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDS, GI Symptoms & cardiovascular risk. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for Protonix, the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy or for patients at risk for gastrointestinal events with NSAIDs use. Additionally, the Official Disability Guidelines (ODG) recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Protonix (a 2nd line proton pump inhibitor). In the absence of such documentation, the currently requested Protonix is not medically necessary.

4 SESSIONS OF PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for 4 sessions of physical therapy, The CA Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient is noted to have completed six session of physical therapy with benefit. However, there is no clear indication if this benefit is in the form of objective functional improvement. In addition, there is no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for 4 sessions of physical therapy is not medically necessary.