

Case Number:	CM14-0107999		
Date Assigned:	08/01/2014	Date of Injury:	09/27/2013
Decision Date:	10/07/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Practice 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:

55 year old male claimant sustained a work injury on 9/27/13 involving the low back. He was diagnosed with lumbar strain and disc degeneration. He had undergone therapy, used NSAIDs for pain and underwent a home exercise program. A progress note 6/3/14 indicated the claimant had persistent low back pain. Exam findings were notable for decreased painful range of motion of the lumbar spine, a positive straight leg raise bilaterally and tenderness in the occipital region. The treating physician had previously requested a lumbar epidural steroid injection and a back brace. In July 2014, a request was made for Prilosec, Robaxin 750 mg ITD, Neurontin and Norco 5 mg BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 po QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 06/10/14) Proton Pumps Inhibitors (PPIs)

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. There was remote use of NSAIDs. No clinical notes were provided to indicate its need. Therefore, the continued use of Prilosec is not medically necessary.

Robaxin 750mg 1-2 po TID PRN #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: According to the MTUS guidelines, muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Robaxin is a muscle relaxant. In most cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, there is no indication on prior use. The claimant had been on NSAIDs and there is no evidence of superiority of muscle relaxants to NSAIDs. Therefore the Robaxin above is not medically necessary.

Neurontin 1 po BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines :) have been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and have been considered as a first-line treatment for neuropathic pain. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the clinical notes did not support its use. Gabapentin is not medically necessary.

Norco 5/325mg 1 po q 12h PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, specific drug list Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the clinical notes do not indicate the need to use Norco, prior use or intended length of use. The Norco as above is not medically necessary.