

Case Number:	CM14-0016223		
Date Assigned:	06/11/2014	Date of Injury:	10/20/2011
Decision Date:	07/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 Internal Medicine and Pulmonary 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 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 56-year-old female who reported an injury on 10/20/2011. The mechanism of injury was not provided. On 02/06/2014, the injured worker presented with low back pain that radiated into the bilateral buttocks and posterior thighs and into the left calf. She is also reporting weakness in her legs and difficulty walking. Prior treatment included a medial branch block, epidural steroid injections, therapy, and medications. The current medications include tramadol and Robaxin. Upon examination, there was a standing range of motion of 70 to 80 degrees, normal heel walking, and toe walking was difficult and diminished. Additionally, heel to toe rising is diminished and gait is broad based with a slow transfer. The lumbar spine x-ray dated 05/24/2013 noted instability of the L4-5 and a grade 1 anterolisthesis on L4 to L5 which is about 4 mm in the mid to standing position and 7 mm on the flexion and 7 mm on the extension view indicating instability. The diagnoses were grade 1 unstable anterolisthesis over L4 to L5, L5-S1 disc bulge protrusion, left S1 nerve root impingement, L3-4 disc bulge protrusion, and T12-L1 (2.3 cm) arachnoid cyst with mild central stenosis. The provider recommended continued use of methocarbamol (Robaxin) with a quantity of 90, and famotidine (Pepcid) with a quantity of 60. The provider's rationale was not provided. The request for authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol (Robaxin), #90: 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 for pain Page(s): 63.

Decision rationale: The request for methocarbamol (Robaxin) with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend no sedating muscle relaxants with caution as a secondary option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDS in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed methocarbamol since at least 01/22/2014, the efficacy of the medication was not provided. Additionally, the guidelines recommend methocarbamol for short-term relief of acute exacerbations. The provider's request for additional prescription of methocarbamol with a quantity of 90 exceeds the guideline recommendations. The provider's request does not indicate the frequency or dose of the medication. Therefore, the request is not medically necessary.

Famotidine (Pepcid), #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 GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for famotidine (Pepcid) with a quantity of 60 is not medically necessary. According to the California MTUS Guidelines, H2 receptor antagonist may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. The included medical documentation does not indicate that the injured worker is at risk for gastrointestinal event. Physical examination was negative for any gastrointestinal symptoms. Additionally, the provider's request for famotidine did not indicate the dose or the frequency of the requested medication. Therefore, the request is not medically necessary.