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| Case Number: | CM14-0169683 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 01/15/2010 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and muscle relaxants. In a Utilization Review Report dated October 14, 2014, the claims administrator denied pneumatic request for Robaxin and Neurontin. The report was approximately 14 pages long and was very difficult to follow. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into left leg. The applicant stated that ongoing usage of Norco and tramadol were controlling his pain and helping him to move more easily. The applicant was not smoking, it was stated. The applicant was on tramadol, Robaxin, Norco, Neurontin, Zanaflex, benazepril, Coreg, Pravachol, and losartan, it was acknowledged. The applicant was severely obese, with BMI of 48. The applicant was given prescriptions for Robaxin 750 mg #30 with two refills, Norco #90 with two refills, tramadol 50 mg #100 with five refills, and gabapentin 800 mg #90 with five refills. Work restrictions were endorsed. It was not clearly stated the applicant was working or not. The applicant was asked to try and lose weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin (Methocarbamol) 750mg #30: 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: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Robaxin can be employed "with caution" as a second-line option in the short-term treatment of acute exacerbation of chronic low back pain, in this case, however, the request for Robaxin 750 mg #30 implies chronic, long-term, and/or daily usage of the same. Such usage is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Neurontin (Gabapentin) 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin; anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit, as to whether there have been improvements in pain and/or function with the same. In this case, however, the attending provider has not outlined any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing gabapentin usage. The applicant work status was not clearly outlined. Ongoing usage of gabapentin had seemingly failed to curtail the applicant's dependence on other medications, including Norco and tramadol. The applicant had seemingly failed to lose weight and/or failed to overall levels of non-work activity despite ongoing gabapentin usage, it was further noted. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.