

Case Number:	CM14-0051588		
Date Assigned:	07/07/2014	Date of Injury:	12/22/2001
Decision Date:	08/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61 years old female with an injury date on 12/22/2001. The listed diagnoses per [REDACTED] dated 02/19/2014 are: 1. Complex regional pain syndrome type 1 right lower extremity. 2. Lumbar spinal stenosis 3. Cervical spinal stenosis 4. Post lumbar spine surgery syndrome 5. Chronic pain due to trauma 6. Hip pain 7. Osteoarthritis of the hip or pelvis. According to this report, the patient visit was for medication management, disability assessment, and re-evaluation of chronic pain. The patient's average pain was a 9/10. Sleep disturbance from the pain was a 9/10. The medications are providing a 75% improvement to the patient. There were no other significant findings noted on this report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbam (Robaxin) 500 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), muscle relaxants.

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

Decision rationale: According to the 02/19/2014 report this patient presents for medication management, disability assessment, and re-evaluation of chronic pain. The treating physician is requesting Methocarbam (Rabaxin) 500mg #240. For muscle relaxants for pain, the MTUS Guidelines page 63 states, Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warrant for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Methocarbam #240; this medication was first noted in the 12/14/2013 report. Methocarbam is not recommended for long term use. Therefore, recommendation is not medically necessary.

Protonix 40 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors.

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

Decision rationale: According to the 02/19/2014 report this patient presents for medication management, disability assessment, and re-evaluation of chronic pain. The treating physician is requesting Protonix 40 mg #30. The MTUS Guidelines state Protonix is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report do not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Recommendation is not medically necessary.