

Case Number:	CM14-0205629		
Date Assigned:	12/17/2014	Date of Injury:	02/19/2009
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 February 19, 2009. In a Utilization Review Report dated November 11, 2014, the claims administrator approved a request for Neurontin, denied a request for Prilosec, denied a request for Relafen, and denied a request for Robaxin. The claims administrator referenced an October 21, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an operative report dated June 20, 2014, the applicant underwent a shoulder arthroscopic decompression procedure to ameliorate a preoperative diagnosis of shoulder impingement syndrome. On June 9, 2014, the applicant was reportedly using Inderal, Relafen, Nexium, Neurontin, Soma, Klonopin, Celexa, Restoril, and Norco. The applicant was planning to undergo a left shoulder surgery. On October 21, 2014, the applicant consulted a pain management physician owing to multifocal complaints of knee pain, neck pain, back pain, ankle pain, and shoulder pain, highly variable, 7-9/10, exacerbated by twisting, turning, or lifting. The applicant also reported derivative complaints of anxiety, stress, and depression. The applicant was off of work, it was acknowledged. The applicant's medication list included Prilosec, Relafen, Neurontin, Terocin, Inderal, Klonopin, and Celexa. The note was very difficult to follow and mingled historical complaints with current complaints. The applicant was currently taking Neurontin and Relafen which did not adequately address her pain complaints. The attending provider suggested that the applicant employ Robaxin in place of Soma. The applicant was having difficulty performing grooming, bathing, dressing, household chores, and driving, it was acknowledged. The applicant reportedly had a history of acid reflux, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as was/is present here. Here, the applicant did report issues with Relafen-induced heartburn/reflux on an October 21, 2014 progress note. Usage of Prilosec, a proton pump inhibitor, was, thus, indicated to combat the same. Therefore, the request is medically necessary.

Relafen 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic; Functional Restoration Approach to Chronic P.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant has apparently developed issues with Relafen-induced dyspepsia. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant reported on October 21, 2014 that Relafen was not adequately addressing her pain complaints. The applicant was still off of work and receiving disability benefits, it was acknowledged, as of that date. The applicant reported pain complaints as high as 9/10 on October 21, 2014 and was having difficulty performing activities of daily living as basic as grooming, bathing, dressing, household chores, driving, etc. Ongoing usage of Relafen has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Robaxin 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended with caution as second-line options to treat short-term exacerbations of chronic low back pain. Here, the 60-tablet supply of Robaxin at issue implies chronic, long-term, and/or scheduled usage. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.