

Case Number:	CM15-0135594		
Date Assigned:	07/23/2015	Date of Injury:	05/18/2006
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old male who sustained an industrial injury on 5-18-06. Diagnoses are stenosis-cervical foraminal, spondylosis-cervical, herniated nucleus pulposis-lumbar, annular tear-lumbar, radiculopathy-lumbar, chronic lateral epicondylitis right elbow, insomnia and sleep disturbance, and musculoligamentous injury. In a progress report dated 1-14-15, a treating physician notes temporary total disability for 30 days. Cervical spine pain is noted to be rated 9 out of 10 and lumbar spine pain is rated at 9 out of 10. Stress, insomnia, and reduced sensation to light touch are noted. A urine Drug Screen done 9-23-14 result is inconsistent with prescription therapy as Gabapentin was prescribed but not detected in the sample. The requested treatment is Ranitidine 150mg #60, Naproxen 500mg #60, and Methocarbamol 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.htm>.

Decision rationale: Pursuant to Medline plus, ranitidine 150 mg #60 is not medically necessary. Ranitidine is an H2 receptor blocker used to treat ulcers, gastroesophageal reflux disease, dyspepsia, and the condition where the stomach produces too much acid called Zollinger Ellison syndrome. For additional details see the attached link. In this case, the injured worker's working diagnoses are HNP lumbar spine; radiculopathy cervical spine; annular tear; HNP cervical spine; status post cervical spine fusion; chronic epicondylitis; insomnia; and an illegible final diagnosis. The documentation is limited to a single progress note dated January 14, 2015 that is largely illegible. Subjectively, the worker has ongoing cervical and lumbar pain, bilateral elbow pain the pain score of 9/10. Objective findings are not legible. There are no gastrointestinal risk factors or co-morbid conditions documented in the record. There is no clinical indication no rationale in the medical record based on a single progress note dated January 14, 2015. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and limited clinical documentation (single progress note), ranitidine 150 mg #60 is not medically necessary.

Naproxen 500 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 500 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are HNP lumbar spine; radiculopathy cervical spine; annular tear; HNP cervical spine; status post cervical spine fusion; chronic epicondylitis; insomnia; and an illegible final diagnosis. The documentation is limited to a single progress note dated January 14, 2015 that is largely illegible. Subjectively, the worker has ongoing cervical and lumbar pain, bilateral elbow pain the pain score of 9/10. Objective findings are not legible. The documentation contains a check the box for naproxen 500 mg. The start date is unclear. There is no clinical indication a rationale for naproxen 500 mg. There is no documentation demonstrating objective functional improvement with naproxen. Based on clinical information the medical record, the peer-reviewed evidence-based guidelines and limited clinical documentation (single progress note) with a clinical indication and rationale for non-steroidal anti-inflammatory drugs, Naproxen 500 mg #60 is not medically necessary.

Methocarbamol 750 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 06/15/15) - Online version, Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methocarbamol (Robaxin) 750 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are HNP lumbar spine; radiculopathy cervical spine; annular tear; HNP cervical spine; status post cervical spine fusion; chronic epicondylitis; insomnia; and an illegible final diagnosis. The documentation is limited to a single progress note dated January 14, 2015 that is largely illegible. Subjectively, the worker has ongoing cervical and lumbar pain, bilateral elbow pain the pain score of 9/10. Objective findings are not legible. The start date for Methocarbamol is not documented in the medical record. There is no clinical indication or rationale for Methocarbamol in the medical record. The guidelines recommend muscle relaxants for short-term (less than two weeks). Methocarbamol has been continued for an undetermined period of time. The treating provider prescribed a quantity of #60 (a one-month supply) in excess of the recommended guidelines for short-term use (less than two weeks). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, limited clinical documentation (single progress note), a start date for Methocarbamol and treatment in excess of the recommended guidelines, Methocarbamol (Robaxin) 750 mg #60 is not medically necessary.