MAXIMUS Federal Services

Case Number:	CM15-0136100		
Date Assigned:	07/24/2015	Date of Injury:	07/31/2013
Decision Date:	08/21/2015	UR Denial Date:	06/15/2015
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
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 54-year-old female who was injured at work on July 31, 2013. Current diagnoses included spinal stenosis, lumbar radiculopathy, lumbar facet joint pain, degeneration of lumbar intervertebral disc and chronic lower back pain. Magnetic resonance imaging of the lumbar spine (February 6, 2015) showed a left annular tear at L3-4, new small central annular tear at L3-4, a broad-based disc bulge at L5-S1 and moderate degenerative change of the facet joint at both L4-5 and L5-S1. Treatments to date have included medications, lumbar epidural steroid injection which gave at least 50% pain relief, physical therapy, chiropractic therapy and a home exercise program. A progress note dated June 5, 2015 documented subjective complaints of continued back pain radiating to the bilateral legs and rated at 10/10 without medications and 8/10 with medications. She also noted trouble sleeping. Objective findings included moderate tenderness and tightness of the bilateral trapezius, minimal restriction of range of motion of the shoulder, tenderness across the lumbosacral area with painful muscular spasms, decreased range of motion of the lumbar spine, positive bilateral straight leg raise, pain on internal and external rotation of the hips, are flexia of the left ankle and trace atrophy of the left calf compared to the right. The treating physician documented a plan of care that included Ibuprofen and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 3 pg 47, 49; Chp 8 pg 173-4, 181; Chp 9 pg 204, 212, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ibuprofen (Motrin) is a non-steroidal anti-inflammatory medication (NSAID). It is recommended to treat mild to moderate pain. It is available over-the-counter as 200 mg tablets and by prescription as 400 mg and 800 mg tablets. The MTUS notes that doses over 400 mg do not provide greater pain relief. NSAIDs as a group are recommend for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. The request for continued use of this medication is not medically necessary and has not been established.

Robaxin 500mg #60: 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 (for pain) Page(s): 63-6.

Decision rationale: Robaxin (methocarbamol) is a central-acting sedating muscle relaxant used to treat skeletal muscle spasms. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been treated with continuous use of Robaxin therapy for over 12 weeks yet still has muscle spasms on examination. As the use of this medication is past the short-term use as noted by the MTUS guidelines and since the patient is still symptomatic despite its use, there is no indication to continue its use. The request for this medication is not medically necessary and has not been established.