

Case Number:	CM15-0164058		
Date Assigned:	09/01/2015	Date of Injury:	02/06/2013
Decision Date:	10/21/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 27 year old male, who sustained an industrial injury on February 6, 2013 while working as a field staff supervisor. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbar degenerative disc disease, low back pain, sciatica, lumbar radiculopathy, left lower extremity weakness, insomnia, anxiety and depression. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, chiropractic treatments, lumbar epidural steroid injections and physical therapy. Work status was noted to be modified duty. However, it is unclear if the injured worker was working at the present time. Current documentation dated July 8, 2015 notes that the injured worker reported debilitating lower back pain with radiation into the bilateral legs to the feet. The pain was rated a 4-8 out of 10 on the visual analogue scale. The injured worker was also noted to be struggling with depression. Examination of the lumbar spine revealed mild kyphosis, tenderness to palpation and a limited range of motion. A straight leg raise test was negative bilaterally. An axial load test was positive. Sensation was diminished in the bilateral lumbar four-lumbar five and lumbar five-sacral one dermatomes. The injured worker was not able to tolerate non-steroidal anti-inflammatory drugs due to gastric upset. The treating physician's plan of care included requests for Nizatidine 150 mg # 60 for gastritis and Robaxin 750 mg # 30 as an antispasmodic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) or H2 blocker in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was a document found in the records, which stated that the worker did not tolerate NSAIDs, and there was no record to suggest he was taking one at the time of this request. No evidence was present to suggest this worker was at an elevated risk for gastrointestinal events, if he was actually still taking a NSAID. Therefore, this request is not medically necessary.

Robaxin 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of using Flexeril chronically, which is not recommended for this drug type. The current request for Robaxin, also cannot be justified. There was no evidence to suggest this was to treat an acute or chronic flare-up of pain as the request for 30 pills suggests that it was to be used daily on a continual basis (chronically). Therefore, this request is not medically necessary.

