

Case Number:	CM15-0183018		
Date Assigned:	09/23/2015	Date of Injury:	08/27/2004
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: North Carolina

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 62 year old female who sustained an industrial injury on 08-27-2004. The injured worker was diagnosed with left knee degenerative joint disease, and lumbar spondylolisthesis. The injured worker is status post left total knee replacement in August 2014. According to the treating physician's progress report on August 25, 2015, the injured worker continues to experience improvement in her left knee pain rated at 4 out of 10 on the pain scale. The injured worker also reported muscle spasm in her left lower extremity. She continues to attend physical therapy and wears a knee brace for stability. Examination of the left knee noted a well-healed anterior midline incision with no effusion or swelling. There was significant tenderness to palpation with range of motion at 0-120 degrees without varus -valgus instability. There was a posterior laxity in flexion. On August 21, 2015 a medical progress report included an evaluation of the lumbar spine which noted a lumbar scoliosis, an antalgic gait and a forward flexed gait pattern with a single point cane for ambulation. The examination demonstrated no palpable tenderness or deficits except motor strength at the left ankle dorsiflexion noted at 4 plus out of 5. Prior treatments included diagnostic testing, surgery, physical therapy and medications. Current medications were listed as Norco, Robaxin, Zantac and Phenergan. Treatment plan consists of continuing with follow-up appointments and the current request for Robaxin 500mg, #90 and Zantac 150mg, #60. On 09-09-2015, the Utilization Review determined the request for Robaxin 500mg, #90 and Zantac 150mg, #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg, #90: 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 California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic knee and back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Zantac 150mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, zantac.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of dyspepsia, GERD and peptic ulcer disease. The patient does not have this diagnosis due to industrial incident. Therefore, the request is not medically necessary.