

Case Number:	CM15-0202296		
Date Assigned:	10/19/2015	Date of Injury:	11/28/2010
Decision Date:	12/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, California

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:

This is a 46 year old female patient, who sustained an industrial injury on November 28, 2010, incurring low back injuries. She sustained the injury due to a black out at work and a fall, striking the head. The diagnoses include lumbar disc disease, lumbar sprain, shoulder strain, neck sprain and lumbosacral spondylosis. Per the doctor's note dated 9/15/15, she had complaints of low back pain with radiation to the bilateral legs. Per the doctor's note dated 8/28/15, she had complaints of persistent pain in the lumbar spine with weakness in the legs, left greater than right. The pain with medications was rated 6-7 out of 10 on a scale from 0 to 10, and 9-10 out of 10 without medications. The review of systems was negative for GI symptoms. The physical examination revealed tenderness and diminished sensation to the lower extremities and the persistent pain made walking difficult causing vertigo and loss of balance with frequent falls. The medications list includes norco, prilosec, robaxin, imitrex, atarax, Xanax, venlafaxine, cymbalta and topamax. The patient has a past history of GI upset with medications. She had recent lumbar spine MRI dated 6/30/15 which revealed spondylosis, disc bulge and bilateral neural foraminal narrowing at L4-5 and L5-S1; MRI brain dated 6/29/15 with negative results. Treatment included pain medications, anti-inflammatory drugs, proton pump inhibitor, muscle relaxants, anti-anxiety medications, antidepressants, Cognitive Behavioral Therapy, activity restrictions, and modifications. The treatment plan that was requested for authorization included a LSO brace, and prescriptions for Prilosec 20 mg #30, and Robaxin 750 mg #120. On September 14, 2015, a request for a LSO brace and prescriptions for Prilosec and Robaxin was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Work-Relatedness.

Decision rationale: Per the ACOEM guidelines "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Per the cited guidelines "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of LSO brace is not fully established for this patient.

Prilosec 20mg one 1 PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events... Patients at high risk for gastrointestinal events... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The patient has past history of GI upset with medications. Per the recent clinical notes the review of systems were negative for GI symptoms. There is no recent significant evidence in the recent records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20mg one 1 PO QD #30 is not established for this patient.

Robaxin 750mg one to two 1-2 PO TID PRN #120: Upheld

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

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

Decision rationale: Robaxin contains Methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. The level of the pain with and without this medication is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Muscle relaxants are not recommended for long periods of time. Evidence of muscle spasm or an acute exacerbation is not specified in the records provided. The medical necessity of Robaxin 750mg one to two 1-2 PO TID PRN #120 is not established for this patient at this juncture.