

Case Number:	CM15-0206599		
Date Assigned:	10/23/2015	Date of Injury:	10/08/2000
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/21/2015

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 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 63 year old female, who sustained an industrial injury on 10-8-00. The injured worker was being treated for cervical degenerative disc disease, status post cervical fusion at C5-6 and C6-7; thoracic strain, chronic cervicgia, pain related insomnia and intermittent cervical headaches. On 9-23-15, the injured worker complains of weakness in left lower extremity and difficulty walking; she also continues to note vertigo and disequilibrium. Physical exam performed on 9-23-15 revealed slight right and moderate left rhomboid tenderness, tenderness to palpation in lower cervical spine and bilateral lower cervical paraspinal regions, slight spasm in lower cervical paraspinal regions, slight decrease in strength with intact sensation in upper and lower extremities. Treatment to date has included physical therapy (helped a bit with pain and gait), chiropractic treatment (helped a bit with pain and gait), oral medications including Neurontin (failed to note benefit), Tylenol #3 (caused dry mouth), and currently uses Robaxin (helps manage, pain, insomnia and spasms), Norco 5-325mg (helped manage pain, insomnia and spasms), Motrin 600mg, zantac 150mg and Restoril 7.5mg (all previously stated medications since at least 5-7-15); cervical spinal fusion, home exercise program, aquatic therapy, cervical epidural steroid injection, TENS unit and activity modifications. The treatment plan included continuation of oral medication regimen. On 10-12 request for Norco 5-325mg #180 was modified to #60, Robaxin 500mg #90 with 1 refill to #20 with 0 refills and non-certified Motrin 600mg #90 with 1 refill and Zantac 150mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck pain. Physician reports indicate subjective report of some improvement in pain with current medications. Documentation however fails to demonstrate adequate objective improvement in level of function, to support the medical necessity for continued use of opioids. In the absence of significant objective response to treatment, the request for Refill Norco is not medically necessary.

Robaxin 500mg #90 with 1 refill: 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: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, 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. The injured worker complains of chronic neck pain. Physician reports indicate subjective report of some improvement in pain with current medications. Documentation fails to indicate acute exacerbation or significant objective improvement in the injured worker's functional status with the use of Robaxin. The medical necessity for ongoing use of this medication has not been established. The request for Robaxin 500mg #90 with 1 refill is not medically necessary per MTUS guidelines.

Motrin 600mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. The injured worker complains of chronic neck pain. Physician reports indicate subjective report of some improvement in pain with current medications. Documentation however fails to demonstrate adequate objective improvement in level of function, to support the medical necessity for continued use of Motrin. In the absence of significant objective response to treatment, the request for Motrin 600mg #90 with 1 refill is not medically necessary.

Zantac 150mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus.

Decision rationale: MTUS does not address this request. Zantac is in a class of medications called H2 blockers that work by decreasing the amount of acid made in the stomach. Zantac is used to treat conditions including ulcers and gastroesophageal reflux disease. Documentation does not support that the injured worker has gastrointestinal complaints or is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Zantac. The request for Zantac 150mg #60 with 1 refill is not medically necessary per guidelines.