

<b>Case Number:</b>	CM15-0042049		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/08/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old female who reported an injury on 09/05/2007 with a previous injury date of 08/08/2007. She was diagnosed with a disc herniation after her right leg had given way due to spasms as she walked away from her desk. She subsequently injured her cervical spine, lumbar spine, and right upper and lower extremities. Since the injury, she had been suffering with chronic neck and low back pain, and was diagnosed additionally with chronic pain syndrome. She had secondary insomnia related to the pain with neuropathic pain in the left upper extremity, she was also status post right knee surgery, and status post right total knee replacement. Her disc herniation was at the L4-5 and L5-S1 levels with associated stenosis. The injured worker was using multiple medications with a stated normal CURES report. She indicated that her medications provided her with 50% relief of her symptomatology including increasing activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPIs) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** Although the California MTUS Guidelines indicate that patients may benefit from the use of a proton pump inhibitors, there was no current documentation that the injured worker was having a GI upset related to use of oral medications to warrant ongoing use of the Prilosec. The most recent clinical documentation dated 03/03/2015 did not identify any gastrointestinal upset due to the use of medications, or as a stand alone diagnosis. Therefore, as this medication is not considered for use for prophylactic treatment, it is not medically necessary.

**Gabapentin 800mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The most recent clinical documentation indicated that the injured worker's pain level was relatively severe at 7/10 to 8/10. She had been utilizing this medication for treatment of her symptoms for several weeks without a statement that the medications were significantly reducing her pain and improving her functional ability. Therefore, after review of the clinical documentation and in reference to the use of this medication under the California MTUS Guidelines, without having documentation of improvement with the use of gabapentin, the injured worker is not warranted for ongoing use. Therefore, this is not medically necessary.

**Robaxin 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available) Page(s): 65.

**Decision rationale:** Although the injured worker had indicated on the most recent clinical documentation that she had occasional spasms related to the low back pain, the clinical documentation provided for review did not indicate that prior use of this medication had been effecting in reducing her symptoms. Additionally, long-term use of muscle relaxants is discouraged under the guidelines. Therefore, the requested Robaxin is not medically necessary.