

Case Number:	CM15-0054147		
Date Assigned:	03/27/2015	Date of Injury:	09/10/2002
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male sustained an industrial injury to the shoulder and back on 9/10/02. Recent treatment included transcutaneous electrical nerve stimulator unit, ice, home exercise and medications. In a PR-2 dated 2/13/15, the injured worker complained of intermittent right shoulder pain, rated 8/10 on the visual analog scale, that worsened with cold weather. The injured worker reported that tends helped to decrease use of medications and that ice was helpful. Current diagnoses included lumbar sprain/strain, sacroiliac sprain/strain, rotator cuff syndrome and sacroiliac ligament sprain/strain. The treatment plan included continuing home exercise and transcutaneous electrical nerve stimulator unit and medication refills (Norco, Restoril, Robaxin and Axid).

IMR ISSUES, DECISIONS AND RATIONALES

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

Axid 150 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: Axid 150mg #60 is not medically necessary. MTUS guidelines recommend the use of proton pump inhibitors and H2 Blockers for individuals older than 65 years of age with a history of peptic ulcer, GI bleeding or perforation with use of concurrent ASA, corticosteroids or anti-inflammatory or high dose multiple doses of NSAIDs. The medical records lack any of these documentations; therefore, the requested medication is not medically necessary.

Robaxin 750 mg Qty 120: 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 Anti-spasmodic Page(s): 65.

Decision rationale: Robaxin 750 mg #120 is not medically necessary. Robaxin is Methocarbamol. Per CA MTUS the mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. Side Effects: Drowsiness, dizziness and lightheadedness. Dosing: 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. (See, 2008). Robaxin is not recommended for long- term use particularly because the mechanism of action is unknown. Robaxin is also not medically necessary because it was prescribed in combination with other medications.