

Case Number:	CM15-0055700		
Date Assigned:	04/02/2015	Date of Injury:	11/12/2001
Decision Date:	05/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/24/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62-year-old female who reported injury on 11/12/2001. The mechanism of injury was not provided. The documentation of 03/16/2015 revealed the injured worker had complaints of persistent flare-ups of pain in the low back region with associated numbness and tingling radiating into the left lower extremity down to the foot and on the right side into her right buttocks. The injured worker's medications included Norco one 3 to 4 times per day for pain and Ultram up to 4 times a day for moderate break through pain. The injured worker was utilizing Robaxin 1 time a day for muscle spasms and Feldene once a day for anti-inflammatory effects. The injured worker denied side effects except for GI upset, which was treated with Zantac. The pain with medications was a 4/10 to 5/10 and without medications it was a 6/10 to 8/10. The functional benefit was noted to be the injured worker had an ability to sit, stand and walk for longer periods of time and continue working with pain medications. The injured worker had tenderness over the lumbosacral spine and over the bilateral lumbar paraspinal musculature with spasms and trigger points. The diagnoses included sprain/strain of the cervical spine with disc bulging and sprain/strain of the lumbar spine. The treatment plan included a short course of chiropractic treatment, Robaxin 750 mg #30, Ultram 50 mg #50, Norco 10/325 mg #120, and a urine drug screen. The documentation of 02/09/2015 revealed the injured worker was prescribed Feldene 20 mg 1 by mouth daily #30 and Zantac 300 mg 1 daily #30 with 3 refills as well as the prescriptions for the previously mentioned medications with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. There was documentation of objective functional improvement. The duration of use could not be established. However, the medication is recommended for short-term use. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Robaxin 750 mg #60 with 3 refills is not medically necessary.

Ultram 50mg, #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Ultram 50 mg #100 with 3 refills is not medically necessary.

Zantac 300mg, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-68.

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

Decision rationale: The California MTUS guidelines recommend H2 receptor antagonists for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker's GI upset was treated with Zantac. However, this medication would not be supported as the NSAID is not supported. There was a lack of documentation of a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zantac 300 mg #30 with 3 refills is not medically necessary.

Feldene 20mg, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. There was documentation of objective functional improvement and an objective decrease in pain. This medication would be supported. However, there was a lack of documentation indicating a necessity for 3 refills. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Feldene 20 mg #30 with 3 refill is not medically necessary.