

Case Number:	CM14-0165370		
Date Assigned:	10/10/2014	Date of Injury:	02/29/2004
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California, Florida, and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female, who reported an injury on 02/24/2004 due to cumulative trauma. On 02/05/2014, the patient complained of back pain that radiated into her buttocks, posterior thighs and calves bilaterally. Current medications included lisinopril, Lipitor, Synthroid, gabapentin, Percocet, Robaxin, and herbal supplements. Upon examination of the lumbar spine, there was marked restrictive painful range of motion in all plains. The diagnoses were status post thoracolumbar spinal fusion and retrolisthesis with stenosis L3-4 and L4-5. The provider recommended retrospective Robaxin and Nexium. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO ROBAXIN 750MG RX 06/25/14 QUANTITY REQUESTED: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

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

Decision rationale: The request for retro Robaxin 750mg Rx 06/25/14 quantity requested: 120.00 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend non-sedating muscle relaxants with caution, as a second line option for short term treatment of acute exacerbation. They show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and pain in overall improvement and efficacy appears to diminish over time. Prolonged use of some medication in this class may lead to dependence. There is lack of documentation of treatment history or length of time prescribed this medication. Additionally, the efficacy of the prior use of the medication was not provided. The providers request does not indicate the frequency of the medication in the request as submitted. As such, the medically necessity has not been established.

RETRO ROBAXIN 750MG RX 07/24/14 QUANTITIY REQUESTED 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

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

Decision rationale: The request for retro Robaxin 750mg RX 06/25/14 quantity requested: 120.00 is not medically necessary. The MTUS Guidelines recommend nonsedating muscle relaxants with caution, as a second line option for short term treatment of acute exacerbation. They show no benefit beyond NSAIDs and pain in overall improvement and efficacy appears to diminish over time. Prolonged use of some medication in this class may lead to dependence. There is lack of documentation of treatment history or length of time prescribed this medication. Additionally, the efficacy of the prior use of the medication was not provided. The providers request does not indicate the frequency of the medication in the request as submitted. As such, the medically necessity has not been established.

RETRO NEXIUM 40MG RX 06/25/14 QUANTITY REQUESTED: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

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

Decision rationale: The request for retro Nexium 40mg Rx 06/25/14 quantity requested: 20.00 are not medically necessary. According to California Medical Treatment Utilization Schedule (MTUS) Guidelines, proton pump inhibitors may be recommended for patients with dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAID) therapy, or for those taking NSAID medications that have moderate to high risk for gastrointestinal events. The injured worker is not at moderate to high risk for gastrointestinal events, and does not have a diagnosis congruent with the guidelines recommendations. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

RETRO NEXIUM 40MG RX 07/24/14 QUANTITY REQUESTED: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70..

Decision rationale: The request for retro Nexium 40mg RX 06/25/14 quantity requested: 20.00 is not medically necessary. According to California Medical Treatment Utilization Schedule (MTUS) Guidelines, proton pump inhibitors may be recommended for patients with dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAID) therapy, or for those taking NSAID medications that have moderate to high risk for gastrointestinal events. The injured worker is not at moderate to high risk for gastrointestinal events, and does not have a diagnosis congruent with the guidelines recommendations. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.