

Case Number:	CM14-0113507		
Date Assigned:	08/01/2014	Date of Injury:	11/07/2007
Decision Date:	07/13/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 41-year-old female, who sustained an industrial injury, November 7, 2007. The injured worker previously received the following treatments physical therapy, lumbar spine MRI on January 10, 2012, pain management specialist, emergency room services for pain last visit on November 26, 2012, Valium, Klonopin, Paxil, Metformin, Ibuprofen, Darvocet, Percocet, Cymbalta, Gralise, Duexis, Dicyclomine, Hydroxyzine, Lidoderm Patches, Insulin Lispro, Ondansetron, ThermaCare Heat Patches, Cyclobenzaprine, Gabapentin, Pantoprazole, TENS (transcutaneous electrical nerve stimulator) unit, psychiatric services, Fentanyl Patch, status post thoracic laminectomy lead placement in April 2013 and status post outpatient detoxification services. The injured worker was diagnosed with lumbago, lumbar radiculopathy and bilateral avascular necrosis of the hips, chronic pain syndrome, lumbar degenerative disc disease, lumbar spine neuritis, drug dependent, depression and anxiety related to chronic pain. According to progress note of December 7, 2012, the injured workers was not a candidate for surgery, however was a candidate for a spinal cord stimulator. According to the progress note of June 16, 2014, chief complaint was ongoing low back pain. The injured worker was on several mediations for pain and sleep. The injured worker was currently taking Robaxin, Trazodone, Gralise, Cymbalta, Flexeril, Naproxen, Buspar, Protonix and Lidoderm Patches. The physical exam noted decreased abdominal bloating. The pain was generalized to palpation throughout the neck, back, wrist and hands. The Gralise was helpful with the neuropathic pain. The treatment plan included prescriptions for Robaxin, Flexeril and Metformin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Metformin 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational): Metformin (Glucophage).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, Metformin.

Decision rationale: The ACOEM, ODG and California MTUS Guidelines do not specifically address the requested services. The physician desk reference states the requested medication is indicated in the treatment of diabetes and polycystic ovary disease. The patient does not have these diagnoses as related directly to industrial incident. Therefore, the request is not medically necessary.