

Case Number:	CM15-0113800		
Date Assigned:	06/22/2015	Date of Injury:	03/13/2007
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, New York
 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 is a 53 year old female, who sustained an industrial injury on 09/15/2003. The injured worker reported low back and leg pain as a result of assisting a patient. On provider visit dated 05/26/2015 the injured worker has reported low back pain and right lower extremity pain. On examination of the lumbar spine was noted to have a limited range of motion. The diagnoses have included lumbar disc herniation, lumbar disc degeneration, chronic low back pain and radiculopathy. Treatment to date has included medication. The injured worker was noted to be retired. The provider requested Right L4-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "PPI" "NSAIDS, GI effects".

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs which he not documented to be on. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Robaxin 500mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Decision rationale: According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. Methocarbamol has limited published evidence on its clinical effectiveness. Long-term use is not recommended. Therefore, the request is not medically necessary.

Ativan 0.5mg #20 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Ativan is not medically necessary. Ativan is a benzodiazepine, which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks. It is unclear how long the patient has been on Ativan. Being a controlled substance, monitoring with regular UDS's is important but was not included in this chart. Therefore, the request is not medically necessary.