

<b>Case Number:</b>	CM15-0117041		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/30/2001
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 11/30/2001 resulting in injury to the neck and low back. Treatment provided to date has included: lumbar spine surgery at L4-5 with pedicle screw instrumentation and medications. Diagnostic tests performed include: MRI of the lumbar spine (2015) showing diffuse lumbar spondylosis most pronounced at L3-4 where there is a grade 1 retrolisthesis of L3 on L4 resulting in severe bilateral neural foraminal stenosis with likely compression of the exiting bilateral L3 nerve root. There were no noted comorbidities or other dates of injury noted. On 03/13/2015, physician progress report noted complaints of persistent pain. The pain was not rated but was reported to be worsening. Additional complaints included difficulty sleeping due to pain. Current medications Zolof, Mobic (meloxicam), Ketorolac, Robaxin (methocarbamol), Ultram, Neurontin, Prevacid and OxyContin. The discussion states that the injured worker's persistent pain is worsening as she reports difficulty standing and walking. The provider noted diagnoses of status post lumbar laminectomy with fusion L4-5, bilateral lower extremity radiculopathy likely related to L3-4 transition level neural foraminal stenosis, and post laminectomy syndrome. Plan of care includes a new MRI, continued medications and follow-up. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: methocarbamol 750mg #90 and Prevacid 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 750 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** In regards to Robaxin (methocarbamol), the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The mechanism of action for Robaxin (methocarbamol) is unknown, but it appears to be related to the central nervous system depressant effects with related sedative properties. The clinical notes show that the injured worker has been prescribed Robaxin (methocarbamol). The injured worker reports persistent worsening pain and does not appear to be having a satisfactory response to her current treatment regimen, the continued use of Robaxin does not appear to be appropriate. Therefore, the request for methocarbamol 750mg #90 is not medically necessary.

**Prevacid 30 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation, Online Edition, Chapter: Pain (Chronic), Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** Lansoprazole is a proton pump inhibitor (PPI) used to treat stomach ulcers, gastroesophageal reflux disease (GERD), a damaged esophagus, and conditions that cause the stomach to make too much acid, such as Zollinger-Ellison syndrome. The MTUS is silent in regards to lansoprazole; therefore, the ODG was consulted in this decision. The ODG recommends PPIs for patients at risk for gastrointestinal (GI) events. This is determined by: age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The ODG continues to state "the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time". Risk involved with long-term use of these medications include vitamin B12 deficiency; iron deficiency; hypomagnesemia; increased vulnerability to pneumonia, enteric infections and fractures;

hypergastrinemia and cancer; and adverse cardiovascular effects. Upon review of the clinical documentation, it was determined that there were no complaints of GI symptoms, no history of GI events or diagnoses, and no risk factors of a GI event. Although the injured worker was prescribed an oral NSAID, there was no indication of exceptionally high doses, and there was no reports of the injured worker concurrently taking corticosteroids, anticoagulation therapy medications or aspirin therapy. As such, lansoprazole (Prevacid) 30mg #120 is not medically necessary.