

Case Number:	CM13-0041802		
Date Assigned:	03/24/2014	Date of Injury:	08/01/2012
Decision Date:	08/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/14/2013

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 Neurological Surgery, and is licensed to practice in California. 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 a 55-year-old gentleman who was reportedly injured on August 2, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated September 9, 2013, indicates that there are ongoing complaints of low back pain with numbness and tingling in the lower extremities, left hip pain, bilateral knee pain, and right shoulder pain. The physical examination demonstrated right shoulder tenderness over the subacromial bursa. There was a positive Neer's test. Examination of the lumbar spine notes tenderness along the right side at the L5 - S1 region with reduced lumbar spine range of motion. There was left hip tenderness at the anterior medial groin region. Examination of the right knee notes tenderness over the medial joint line and reduced range of motion. The treatment plan included continued use of Norco, [REDACTED] and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Previous treatment includes the use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG, AS NEEDED, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines supports the use of muscle relaxants such as Flexeril for short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note dated September 9, 2013, there is no documentation of the injured employee having acute flares of low back pain nor are there any muscle spasms on physical examination. For these reasons this request for Flexeril is not medically necessary.

NABUMETONE 500MG, TWICE A DAY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Nabumetone is an anti-inflammatory medication indicated to be used at the lowest dose possible for the shortest period of time for mild to moderate pain. The most recent progress note dated September 9, 2013, renews a prescription for this medication; however, there is no documentation of its prior efficacy or potential side effects. For these reasons this request for Nabumetone is not medically necessary.

CHIROPRACTIC 2 X 3 FOR THE LOW BACK, LEFT HIP, AND GROIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: A review of the medical record indicates that the injured employee has complaints of numbness and tingling in the bilateral lower extremities and there has been physical examination findings of a radiculopathy. Therefore, chiropractic care should not be initiated on the lumbar spine. Furthermore it is unclear what type of chiropractic care would be performed on the groin region. For these multiple reasons this request for chiropractic care of the lumbar spine, left hip, and groin is not medically necessary.