

Case Number:	CM13-0056449		
Date Assigned:	12/30/2013	Date of Injury:	04/22/2011
Decision Date:	09/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58 year old male injured on 04/22/11 when he reached into a machine, twisted his body, and felt a pop in his low back. Current diagnoses included lumbar disc displacement without myelopathy, post laminectomy syndrome, psychogenic pain, chronic pain, long term medication use, and depression. The injured worker underwent L5-S1 bilateral epidural steroid injections with lysis of adhesions at L5-S1 with reported benefit; however, he had return of pain to baseline. The injured worker continued to have axial low back pain radiating down posterior aspect of bilateral lower extremities extending below the knee on the left and to the level of the knee on the right with associated numbness and tingling. The injured worker rated his pain at 7/10 on VAS. Clinical documentation indicated previous MRI revealed degenerative changes at L4-5 with Modic changes and severe neural foraminal stenosis at L4 nerve root bilaterally with significant neurofibrosis. The injured worker utilized Flexeril 10mg for lumbar spasms PRN, hydrocodone/acetaminophen 10-325mg for pain management, and Relafen 500mg for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 10mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management which would also indicate a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity of Cyclobenzaprine-Flexeril 10mg qty 90 cannot be established at this time.

Nabumetone-Relafen 500mg quantity 90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. The utilization review performed on 09/19/13 certified the request for Relafen 500mg #90 for low back pain noting that the use of non-steroidal anti-inflammatory drugs to address the injured worker's pain was acceptable to help reduce the need for other more potent medications. As such, the request for Nabumetone-Relafen 500mg qty 90 is medically necessary.

Glucosamine Sulf 500mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: As noted on page 50 of the Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The documentation does not indicate the injured worker has a history of osteoarthritis of the knee necessitating the use of glucosamine. As such, the request for Glucosamine Sulf 500mg qty 90 is not medically necessary.