

Case Number:	CM13-0068830		
Date Assigned:	09/12/2014	Date of Injury:	08/01/2012
Decision Date:	10/10/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

6/13/13 note indicates pain in the low back, right knee, and left hip. There is pain radiating into the left groin and down the left hip and legs with numbness and tingling in both feet. Medications are noted as gabapentin, norco, flexeril, methadone, and aspirin. Examination notes the insured uses a cane and has antalgic gait on the left. There is pain to palpation throughout the lumbar paraspinals and left sciatic notch. The tenderness extends into the greater trochanteric region in the thighs bilaterally. There is no significant muscle spasm noted. MRI was reported to show multilevel DJD with mild to moderate spinal canal stenosis. Treatment was to wean off nabumetone, and continue norco, gabapentin, and flexeril. UDS was requested. 6/24/13 PR-2 notes the insured was taking gabapentin, nucynta, and nabumetone. Pain was persistent and there was reduced range of motion. Continued medical therapy was recommended. 9/17/13 note indicates persistent pain and that aquatherapy was helpful. Medications of gabapentin, norco, and flexeril were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: The medical records provided for review do not indicate specific degree of improvement or ongoing functional improvement as result of the medication. Continued use of opioid is not supported without documentation of specific functional gain.

Flexeril #60: Upheld

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

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

Decision rationale: While the medical records provided for review indicate muscle pain and tenderness, the medical records do not indicate quantity or quality of specific degree of improvement or ongoing functional improvement as result of the medication. Prolonged or continued use of flexeril is not supported without documentation of specific functional gain.

Nabumetone 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: While the medical records provided for review indicate a degenerative joint condition with pain, the medical records do not indicate quantity or quality of specific degree of improvement or ongoing functional improvement as result of the medication. Continued use of NSAID is not supported without documentation of specific functional gain.