

<b>Case Number:</b>	CM14-0107315		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Occupational Medicine, 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:

This is a 47-year-old male with a 3/10/11 date of injury. He was working as a freight mover and delivery van driver when he developed progressive worsening pain during the course of his employment. He developed progressive worsening of the left lower extremity numbness while performing heavy lifting. According to an appeal note dated 6/11/14, the patient currently complained of chronic neck and back pain. He recently went to [REDACTED] for vacation and did have more pain. The patient reported that his neck pain was worse than his back pain. Objective findings (from a 6/4/14 exam): tenderness to palpation along the cervical paraspinal muscles, left-sided radiating down into his left upper trapezius muscle with significant muscle tension; sensations mildly decreased to light touch along the left upper extremity compared to the right upper extremity; tenderness to palpation at the lumbosacral junction; sensations mildly decreased to light touch along the left calf compared to the right lower extremity. Diagnostic impression: lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy, long term use of medications. Treatment to date: medication management, activity modification, cervical and lumbar Epidural Steroid Injection (ESI). A UR decision dated 6/27/14 denied the retrospective requests for Cyclobenzaprine and Nabumetone. Regarding Cyclobenzaprine, considering the patient's date of injury and current use of an NSAID, chronic use of a muscle relaxant is not supported by guidelines. Further, there is no documentation of functional improvement with the current use of Cyclobenzaprine. Regarding Nabumetone, the documentation provided for review does not identify significant functional/vocational benefit with the use of NSAIDs and guidelines indicate this should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO CYCLOBENZAPRINE 5MG TABLET 1 TABLET BID PRN FOR SPASMS #60:**  
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): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Although there is documentation in a 6/11/14 progress note that the patient had an acute exacerbation of pain, the patient has been on cyclobenzaprine chronically since at least 3/13/14. There is no documentation that cyclobenzaprine is being prescribed for his acute condition. In addition, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for Retro Cyclobenzaprine 5mg Tablet 1 Tablet Bid prn for Spasms #60 was not medically necessary.

**RETRO NABUMETONE-RELAFEN 500MG 1 EVERY 12 HOURS FOR ANTI-INFLAMMATORY #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. According to an appeal note dated 6/11/14, it is documented that Relafen has been beneficial, and he is tolerating it well without any side effects. However, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for Retro Nabumetone-Relafen 500mg 1 Every 12 Hours for Anti-Inflammatory #90, as submitted, was not medically necessary.

