

Case Number:	CM14-0115393		
Date Assigned:	08/04/2014	Date of Injury:	10/22/1999
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 66-year-old female who reported an injury on 10/22/1999. The diagnoses included cervical degenerative disc disease and lumbar degenerative disc disease. The previous treatments included medication. In the clinical note dated 06/10/2014, it was reported the injured worker complained of cervical pain. On the physical examination, the injured worker complained of pain. She complained of numbness and severe pain in her right great toe. On the physical examination of the cervical spine, the provider noted lateral rotation and motion was stiff in both directions. The provider indicated that the injured worker had a positive straight leg raise at 60 degrees bilaterally. The provider requested methocarbamol, nabumetone, and hydrocodone. However, a rationale was not provided for clinical review. The request for authorization was provided and submitted on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg #780: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 65, 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64..

Decision rationale: The request for methocarbamol 500 mg #780 is non-certified. The injured worker complained of neck pain. She complained of numbness and severe pain in her right great toe. California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The Guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2013 which exceeds the Guidelines recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

Nabumetone 500mg # 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68..

Decision rationale: The request for nabumetone 500 mg #300 is non-certified. The injured worker complained of neck pain. She complained of numbness and severe pain in her right great toe. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The Guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. The Guidelines recommend the utilization of NSAIDs for the shortest period of time; however, the injured worker has been utilizing the medication since at least 12/2013. Therefore, the request is not medically necessary.

Hydrocodone/APAP 5/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78..

Decision rationale: The request for hydrocodone/APAP 5/325 mg #300 is non-certified. The injured worker complained of neck pain. She complained of numbness and severe pain in her right great toe. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the utilization of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete physical examination. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to

provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2013. Therefore, the request is not medically necessary.