

<b>Case Number:</b>	CM14-0037609		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Nevada. 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 25-year-old female who was injured on 8/31/12. The mechanism of injury was not listed. The most recent progress note, dated 5/20/14, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity, rated at +8/10. The physical examination demonstrated moderate tenderness over the right L4-L5, L5-S1 and right sacroiliac regions. Lumbar spine range of motion results in moderate pain in the right lower extremity in all directions. Sensation was intact. There was guarded right lower extremity motor strength. There was a positive Kemp's sign and bilateral flip test at 90 degrees with referral to right lower extremity. No diagnostic imaging studies were documented. Previous treatment included 12 sessions of acupuncture, a home exercise program, and medications, including Clonidine, Pamelor, Relafen, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 500 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**Decision rationale:** The California MTUS supports nabumetone (Relafen) for the relief of the signs and symptoms of osteoarthritis. Given the lack of documentation to include any imaging studies to support the diagnosis of osteoarthritis, this request is not considered medically necessary.

**Flexeril 10 mg #30:** Upheld

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

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

**Decision rationale:** The California MTUS supports the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Thermacare:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM guidelines do not support the application of heat by a health care provider for chronic low back pain as the patient can perform this application independently. The request is not considered medical necessary.