MAXIMUS Federal Services

Case Number:	CM14-0085177		
Date Assigned:	07/23/2014	Date of Injury:	10/04/2009
Decision Date:	08/27/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/06/2014

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 Rehabilitation, 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:

Patient is a 42 year-old female with date of injury 10/04/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/14/2014, lists subjective complaints as pain in the lower back. Objective findings: Examination of the lumbar spine revealed decreased range of motion in all planes due to pain. There was moderate spasm and moderate tenderness along the paraspinal musculature bilaterally. Facet distraction/loading maneuvers were positive at bilateral L3-L4 and bilateral L4-L5 for axial lumbar pain. The diagnosis are as follows: facet arthropathy, lumbar; lumbar herniated nucleus pulposus (HNP); radiculopathy, thoracic, spine and sacral (TLS) spine; sacroiliitis; hip pain, left; lumbar lumbosacral disc degeneration; and abnormal posturing with guarding, lower back. Previous treatments include medication management, physical therapy, and medial branch blocks. Patient underwent a medial branch block on 03/10/2014 and noted a 65% improvement as a result of the procedure. A handwritten note from the patient dated 05/12/2014 states that she was removed from all of her medication without weaning. The patient is working regular duty. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 6 months. Medications are as follows: Nabumetone 750mg, #130 directions: take 1 tablet twice a day (earliest noted prescription: 12/23/2013); Hydrocodone/APAP 10/325mg, #180 directions: take 1 twice daily (earliest noted prescription: 12/23/2013);Cyclobenzaprine 10mg, #180 directions: take 1 twice daily (earliest noted prescription: 12/23/2013); Lyrica 150mg, #180 direction: take 1 twice daily (earliest noted prescription: 12/23/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 mg # 180: 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 Page(s): 71-72.

Decision rationale: The MTUS recommends that NSAIDs be used at the lowest dose for the shortest period in patients with moderate to severe pain the lowest effective dose of Nabumetone for this patient appears to be 1500 mg per day. The patient is able to perform her full and customary duties while taking Relafen. Therefore, Nabumetone 750 mg quantity 180 is medically necessary.

Hydrocodone/APAP 10/ 325 mg # 180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. Therefore, Hydrocodone/APAP 10/325mg quantity 180 is medically necessary.

Cyclobenzaprine 10 mg # 180: 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 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Therefore, Cyclobenzaprine 10mg quantity 180 is not medically necessary.

Lyrica 150 mg # 180: 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 9792.20 - 9792.26 Page(s): 19-20.

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, post herpetic neuralgia, and fibromyalgia. The patient is diagnosed with the above indications. Therefore, Lyrica 150mg quantity 180 is not medically necessary.