

Case Number:	CM14-0087203		
Date Assigned:	07/23/2014	Date of Injury:	09/20/2000
Decision Date:	09/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical 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:

The injured worker is a 66-year-old male who sustained work-related injuries on September 20, 2000. Per progress report dated April 1, 2014, the injured worker reported that he purchased a transcutaneous electrical neurostimulator (TENS) unit personally which helped with his pain and discomfort which he used three times a week until it broke down. He complained that his low back pain was getting worse and pain would radiate down to his left leg with numbness. He reported that his legs would buckle and give out due to an extreme amount of pain. He also indicated that he was unable to lie on his left side and there are muscle spasms on the back of his right calf on a daily basis. Regarding his left shoulder, flare-ups were on and off. Pain was noted with lifting above shoulder level. He also noted of pain and stiffness of the neck and had difficulty turning to the left side. Objectively, tenderness was noted over the posterior superior iliac spine and sciatic notch on the left. He is diagnosed with (a) internal derangement of the left shoulder; (b) status post open repair of the left rotator cuff; (c) spinal stenosis; (d) status post pedicle screw fusion L4 to sacrum; (e) musculoligamentous sprain of the cervical spine; (f) recurrent rotator cuff tear of the left shoulder; (g) left L5 radiculopathy, (h) possible discitis, (i) multiple level lumbar spine disc bulges per magnetic resonance imaging (MRI) scan dated February 11, 2013; (j) status post lumbar epidural steroid injections; and (k) lumbar spine facet hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #100 (w/5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: According to evidence-based guidelines anti-inflammatories are the traditional first line of treatment in order to reduce pain so activity and functional restoration can be resumed but long term is not warranted. In this case, it is noted that the injured worker has been utilizing Motrin or ibuprofen in the long term and functional restoration or significant pain decrease has not been provided. However, flare-ups or exacerbations may allow treatment with the same medication but the request is 100 in quantity with five refills. This appears to be intended for long-term usage. Due to non-recommendation of nonsteroidal anti-inflammatory drugs (NSAIDs) usage in the long term with no provision of significant pain relief, the medical necessity of the requested ibuprofen 800 milligrams quantity 100 with five refills is not established. Therefore, this request is not medically necessary.

Methocarbamol 750mg, #90 (w/5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Methocarbamol (Robaxin, Relaxin, generic available) Page(s): 63; 65.

Decision rationale: According to evidence-based guideline, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain (LBP). In this case, the injured worker is noted to be experiencing worsening of low back pain; however, the request is quantity 90 with five refills. This is a clear indication that the requested Methocarbamol 750 milligrams is intended to be used on a long term basis which is a clear violation of the recommendations of evidence-based guidelines. In addition, this medication is noted to have limited published evidence in terms of clinical effectiveness. Therefore, the requested Methocarbamol 750 milligrams quantity 90 with five refills is not medically necessary.