

Case Number:	CM15-0007340		
Date Assigned:	01/22/2015	Date of Injury:	12/10/2008
Decision Date:	03/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old male who reported an injury on 12/10/2008. The mechanism of injury was not specifically stated. A prior request was made for Flexeril, Tylenol No. 3, and nabumetome on 12/08/2014. The claims were denied on no current clinical documentation for at least 6 months and no information indicating how long the injured worker had been treated with the cyclobenzaprine regarding muscle spasms or how many tablets the injured worker would be receiving, as well as the frequency and duration. Regarding the Tylenol No. 3, there was no indication of a current urine drug screen or clinical documentation of the injured worker necessitating this medication for reduction of symptoms. Additionally, there was no indication of how many tablets would be dispensed to the injured worker nor was there a statement of frequency and duration of use. Lastly, in regard to the nabumetome, again there was a lack of tablets to be dispensed to the injured worker nor was there documentation within the last 6 months of the treating physician's examinations identifying the injured worker as necessitating this medication. The injured worker sustained his injuries and consequently underwent L4-5 and L5-S1 posterior lumbar decompression and fusion with instrumentation as well as iliac crest grafting in 03/2010. He had further surgery performed in 05/2011 and 11/29/2011. He had been treated conservatively with the use of a cane, lumbar support, acupuncture, and medication management. His most recent progress report was dated 12/01/2014, which indicated the injured worker had low back pain with occasional leg radiation. Objectively, he had decreased range of motion and a positive straight leg raise, lumbar spine tenderness, and cane assisted gait. His past urine drug screen, dated from 12/2014, had inconsistencies with his medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg (unknown quantity): Upheld

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

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

Decision rationale: Under the California MTUS Guidelines, cyclobenzaprine is indicated for a short term duration for the treatment of muscle spasms. However, in the case of the injured worker, the most recent clinical documentation failed to specify any muscle spasms in the lumbar region or elsewhere in the body necessitating the use of cyclobenzaprine. Additionally, the physician has failed to indicate the total number of tablets as well as frequency and duration of use of the medication. Therefore, the request cannot be supported and is not medically necessary.

Tylenol # 3 (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without having a current urine drug screen indicating consistencies with the medication regimen, and without clinical documentation of both the injured worker receiving sufficient symptom relief from the use of the Tylenol No. 3 to include decreased pain, improvement in functional abilities, and overall quality of life improvement, the request cannot be supported. Additionally, the physician has failed to indicate the total number of tablets to be dispensed to the injured worker as well as the frequency and duration of use. Therefore, the request cannot be supported and is not medically necessary.

Nabumetone 500mg (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: According to the California MTUS Guidelines, injured workers who are utilizing NSAIDs for long term use must have continued documentation of routine blood

pressure checks for assessment of any side effects related to the nonsteroidal anti-inflammatory drugs. In the case of this injured worker, there was a lack of clinical documentation of the medication being effectively decreasing his symptoms as well as improving his overall functional ability. The treating physician has also failed to indicate the total number of tablets to be dispensed to the injured worker as well as the frequency and duration of use. Therefore, with the lack of overall information, the request cannot be supported and is not medically necessary.