

Case Number:	CM15-0137377		
Date Assigned:	07/27/2015	Date of Injury:	03/25/1994
Decision Date:	10/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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 male who reported an injury on 3-25-1994. The request is for chiropractic treatment of the lumbar spine for 6 visits; Flexeril 7.5mg one tablet at bedtime #60; Nabumetone 750mg every 12 hours #60; Medrox pain patches 0.0375%-5% 6 boxes (5 patches per box) every day. The UR report dated 6-25-2015 indicated modified approval of chiropractic treatment to the lumbar spine for 2 visits, non-certification of Flexeril 7.5mg one tablet at bedtime #60; Nabumetone 750mg every 12 hours #60; Medrox pain patches 0.0375%-5% 6 boxes (5 patches per box) every day. The medical diagnoses included lumbago, lumbosacral spondylosis without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. The records indicate he has been utilizing Nabumetone since at least January 2014, possibly longer. On 4-28-2014, he is noted to have current medications of Nabumetone and Flexeril. He reported increased low back pain and that medications were helping. Physical findings revealed were limited range of motion, tenderness in the low back, and equivocal straight leg raise testing bilaterally. His gait is noted to be normal. On 12-9-2014, he is continued on Nabumetone, and Flexeril. He reported increased low back pain. Physical findings revealed were limited range of motion, tenderness in the low back, and equivocal straight leg raise testing bilaterally. His gait is noted to be normal. On 5-7-2015, he is noted to have current medications of Flexeril, and Nabumetone. He reported increased pain to the low back with radiation to the left leg. He is reported to be relying on medications for pain control. Physical findings revealed tenderness and trigger points in the low back, limited range of motion, and a positive straight leg raise test on the left. His gait is noted to be normal. On 6-11-2015, he reported increased low back pain with radiation into the left leg. He continues to rely on medications for pain control. He is noted to

have a positive straight leg raise on the left and limited low back range of motion. Diagnostic testing included were: magnetic resonance imaging of the lumbar spine (8-16-2012), electrodiagnostic studies of the lower extremities (10-8-2013). The treatment to date has included imaging, medications, lumbar epidural steroid injection (12-18-2012), ice-heat compress therapy, and TENS unit. Work status is reported as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the lumbar spine 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. For the low back, the MTUS recommends 6 visits over two weeks as part of a clinical trial of manual therapy, with up to 18 visits over 6-8 weeks with evidence of objective functional improvement. Within the submitted documentation, it is noted the injured worker has previously received manual therapy but there is no specific mention of how manual therapy has improved pain using validated measures, and/or function or ability to perform activities of daily living. As such, this current request is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the CA MTUS, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Within the submitted documentation, it is noted the injured worker has been on Flexeril, a muscle relaxant, for a significant period of time with no significant improvements noted. Pain seems to have been the same or worse in the recent past with no documented efficacy of this agent. This request is not medically necessary.

Nabumetone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. While this injured worker has evidence of arthritic elements to his pain, Nabumetone is an NSAID and long-term use is not recommended. This injured worker has been on this agent for quite some time with no documentation of significant efficacy of this drug, or mention of improvements in pain, or function. This request is not medically necessary.

Medrox pain patches 0.0375%/5% 6 boxes (5 patches/box): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Medrox is a topical pain patch containing methyl salicylate, menthol, and capsaicin. The dose of capsaicin, 0.0375% has not been shown to be more effective than the standard 0.025% strength of this agent. There are no long-term studies demonstrating the efficacy of capsaicin at 0.0375% as compared to 0.025% as mentioned and as such, this request is not medically necessary.