

Case Number:	CM15-0163161		
Date Assigned:	08/31/2015	Date of Injury:	03/07/2014
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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

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 53 year old female, who sustained an industrial injury on 3-7-14. Initial complaints were not reviewed. The injured worker was diagnosed as having pain in limb; brachial neuritis or radiculitis; pain in joint of hand; other pain disorder related to the psychological factors; cervical disc degeneration; chronic pain syndrome; cervicgia; encounter for long-term use of other medications. Treatment to date has included physical therapy; cervical epidural steroid injection C7-T1 97-28-15); medications. Diagnostics studies included EMG-NCV upper extremities (6-4-14); MRI cervical spine (12-11-14); MRI left and right wrist (1-16-15). Currently, the PR-2 notes dated 5-15-15 indicated the injured worker complains of a history of bilateral wrist pain and bilateral hand pain. She reports the pain has been present for a period of several years and started subsequent to her industrial injury. She reports the pain is typically of severe intensity without treatment on a regular basis and is described as aching and stabbing sensation in the primary area of discomfort. Pain is exacerbated by lifting objects and is partially relieved by current treatment regimen such as medications. She has tried acupuncture but not helpful long term. She feels her neck pain with radicular pain is a big problem for her and will likely not return to the same work as she was performing before. The provider has a discussion of treatment options for the cervical spine and recommended a multidisciplinary approach with cervical epidural steroid injections. The provider is requesting authorization of Nabumetone tab 500mg #60 and Tizanidine cap 2mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone tab 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. At this time, the patient continues to have functional response to oral NSAID to support its continued use; however, further treatment consideration requires reassessment of its benefit. The Nabumetone tab 500mg #60 is medically necessary and appropriate.

Tizanidine cap 2mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic March 2014 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Tizanidine cap 2mg #50 is not medically necessary and appropriate.