

Case Number:	CM15-0166236		
Date Assigned:	09/03/2015	Date of Injury:	09/18/2013
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 34 year old male who sustained a work related injury September 18, 2013. An MRI of the lumbar spine, dated January 9, 2014 (report present in the medical record) revealed grade I retrolisthesis of L3 on L4; annular fissure at L3-4 and L4-5; disc dissection at L3-4 and L4-5; straightening of the lumbar lordosis; L3-4 pseudodisc bulge measuring 4.9 mm which causes stenosis of the spinal canal and bilateral lateral recess with disc material contacting the bilateral L4 transiting nerve roots; L4-5 central to right paracentral broad-based disc herniation which causes stenosis of the spinal canal, right lateral recess and right neural foramen with disc material deviating the right L5 transiting nerve root; disc measurement- 4.9 mm. According to a treating physician's notes dated July 29, 2015, the injured worker presented with sustained low back pain with radiation to the hips and legs. Objective findings included; negative straight leg raise; no sensory or motor deficit; slight limits to horizontal torsion and lateral bend, with mild spasm in the low back. Diagnoses are spinal stenosis, lumbar spine; degenerative disc disease, lumbar spine. Treatment plan included electrodiagnostic studies and at issue, a request for authorization for Nabumetone, Flexeril and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg 1-2 tabs po bid #100, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-68, 72.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In this case, the claimant required the use of a PPI for GI protection. Pain score were not noted . Continued use of Naproxen is not medically necessary.

Flexeril 10mg 1 tab po bid #100, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with NSAIDS. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

Prilosec 20mg 1 tab po bid #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec/PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

