

Case Number:	CM15-0206121		
Date Assigned:	10/22/2015	Date of Injury:	03/31/2010
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, 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:

This is a 44 year old female with a date of injury on 3-31-10. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder, upper back and neck pain. Progress report dated 9-28-15 reports injection given at last visit helped significantly with para-scapular tightness and spasm. She continues to take nabumetone, omeprazole and norco on a regular basis which allows her to increase her function level. The patient had limited range of motion of cervical spine and wrist, 4/5 strength and cervical muscle spasm. She reports that her neck is tight and sore. She has gone to a chiropractor and states that it helped with neck tightness and pain. Treatments include: medication, physical therapy, chiropractic, acupuncture, Pilates and injections. The patient sustained the injury due to a trip and fall incident and cumulative trauma. The patient has had MRI of the cervical spine on 11/21/13 that revealed disc protrusions; MRI of right shoulder that revealed supraspinatus tendinosis. The patient's surgical history included bilateral shoulder surgeries. The patient had diagnoses of cervical radiculopathy, bilateral wrist sprain, and bilateral post surgical status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg (to be dispensed 12/21/15) qty: 180: Overturned

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): Anti-inflammatory medications.

Decision rationale: Nabumetone 500mg (to be dispensed 12/21/15) qty: 180. Nabumetone belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, 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. (Van Tulder-Cochrane, 2000) The patient is having chronic pain and is taking Nabumetone for this injury. The patient had limited range of motion of cervical spine and wrist, 4/5 strength and cervical muscle spasm. The patient has had a MRI of the cervical spine on 11/21/13 that revealed disc protrusions; MRI of right shoulder that revealed supraspinatus tendinosis. The patient has chronic pain with significant objective abnormal findings. The patient's surgical history included bilateral shoulder surgeries. The patient had diagnoses of cervical radiculopathy and bilateral wrist sprain. NSAIDs like Nabumetone are first line treatments to reduce pain. The request for Nabumetone 500mg (to be dispensed 12/21/15) qty: 180 is deemed medically appropriate and necessary in this patient.

Cyclobenzaprine 7.5mg (to be dispensed 12/21/15) qty: 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: Cyclobenzaprine 7.5mg (to be dispensed 12/21/15) qty: 180. According to CA MTUS guidelines cited, Recommended as an option, using a short course of therapy. The progress report dated 9-28-15 reports injection given at last visit helped significantly with parascapular tightness and spasm. The patient had limited range of motion of the cervical spine and wrist, 4/5 strength and cervical muscle spasm. The patient has evidence of muscle spasms on objective examination. The patient has had a MRI of the cervical spine on 11/21/13 that revealed disc protrusions; MRI of right shoulder that revealed supraspinatus tendinosis. The patient's surgical history included bilateral shoulder surgeries. The patient has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations Therefore the request for Cyclobenzaprine 7.5mg (to be dispensed 12/21/15) qty: 180 is medically necessary and appropriate for prn use during exacerbations.