

Case Number:	CM15-0051471		
Date Assigned:	03/24/2015	Date of Injury:	04/10/1998
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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 59 year old male, who sustained an industrial injury on April 10, 1998. The injured worker was diagnosed as having chronic pain syndrome, lumbar degenerative facet disease, lumbar spine degenerative disc disease, chronic lumbar back pain, and thoracic/lumbosacral neuritis/radiculitis unspecified. Treatment to date has included a lumbar epidural steroid injection, x-rays, rest, ice, and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On March 2, 2015, the injured worker complains of thoracic spine, bilateral hips, bilateral hands, and bilateral low back pain with worsening frequency of pain/spasticity. The pain/spasticity was sharp, aching, throbbing, and burning. He requested refills of his pain, muscle relaxant, and non-steroidal anti-inflammatory medications that he uses as needed. The physical exam revealed increased lower back pain with trunk extension. The treatment plan includes continuing his current pain, muscle relaxant, and non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg Qty: 60 Refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS 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 Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In this case, the claimant had been on Norco and Nabumetone for several months with the best pain level being 8/10 with medications. Long-term use of analgesics can lead to tolerance and GI/renal risks. Continued use of Nabumetone is not medically necessary.

Cyclobenzaprine HCL 5mg Qty: 60 Refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants 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 and opioids without significant improvement in pain or function. Continued use is not medically necessary.