

Case Number:	CM14-0130438		
Date Assigned:	09/08/2014	Date of Injury:	05/15/2012
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 05/15/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 07/22/2014 indicated diagnoses of low back strain. The injured worker reported chronic low back pain, worse when standing, walking or lifting, which radiated to the legs, and was aggravated when climbing stairs. The injured worker reported the right leg was worse. On physical examination of the lumbar spine the injured worker had spasms, decreased lordosis, no arrhythmia, and a positive straight leg raise test, right greater than left. The injured worker's treatment plan included a refill of Norco, baclofen, and Nabumetone, and starting Cymbalta. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Norco, Baclofen and Nabumetone. The provider submitted a request for Norco, baclofen and Nabumetone. The Request for Authorization dated 07/22/2014 was submitted for Norco, baclofen and Nabumetone. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78.

Decision rationale: The request for Norco 10/325mg, qty 120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request for Norco 10/325mg, qty 120 is not medically necessary.

Baclofen 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 06/10/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Page(s): 63.

Decision rationale: The request for Baclofen 20mg, qty 60 is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall Improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is a lack of clinical information provided indicating how long the injured worker has used baclofen. Furthermore, the guidelines recommend baclofen as a short course of therapy. Moreover, the request does not indicate a frequency. Therefore, the request for Baclofen 20mg, qty 60 is not medically necessary.

Nabumetone 500mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Nabumetone 500mg, qty 60 is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is lack of documentation of efficacy and functional improvement with the use of Nabumetone. In addition, it was not indicated how long the injured worker had been utilizing

this medication. Furthermore, the request does not indicate a frequency. Therefore, the request for Nabumetone 500mg, qty 60 is not medically necessary.