

Case Number:	CM15-0119201		
Date Assigned:	06/29/2015	Date of Injury:	06/12/2014
Decision Date:	07/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on June 12, 2014. Treatment to date has included EMG/NCV of the lower extremities, work restrictions, medications, chiropractic therapy, physical therapy, and physical medicine consultation. Currently, the injured worker complains of low back pain with associated numbness and weakness of the left leg. She reports posterior right leg pain in the S1 distribution with numbness and tingling all the way to the toes. Her pain is made worse with bending and lifting at the waist level and is relieved with rest and medication. Her medications include gabapentin for nerve pain, Tramadol for pain, Relafen for inflammation and Flexeril for muscle spasms. On physical examination the injured worker has normal muscle tone and strength in the bilateral lower extremities. She has tenderness to palpation over the lumbar paraspinal muscles on the right side. Her gait is normal and sensation is intact to light touch and pinprick in the bilateral lower extremities. A straight leg raise test is positive on the right. An EMG revealed chronic L5 radiculopathy in the right lower extremity. The diagnoses associated with the request include long term use of medications and sciatica. The treatment plan includes work restrictions, continued gabapentin, tramadol, Relafen and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine (Flexeril) 7.5mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is sciatica. The date of injury is June 12, 2014. Documentation from a March 17, 2015 progress note shows the injured worker was taking Nabumatone and cyclobenzaprine at that time. Prior documentation does not contain lists of ongoing medications. The start date for both medications is unclear based on the medical record documentation available for review. The most recent progress note in the medical record is dated May 27, 2015 (request authorization June 9, 2015). The injured worker has ongoing chronic low back pain that radiates down both the right and left lower extremities. Objectively, the physical examination was unremarkable. There was no lumbar spasm. Motor examination was normal. The start date is unspecified in the medical record. Cyclobenzaprine did appear in the March 17, 2015 progress note and was continued, at a minimum through May 27, 2015. The guidelines recommend short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider exceeded the recommended guidelines and did not document the presence of muscle spasm. Consequently, absent clinical documentation of lumbar muscle spasm, and acute exacerbation of chronic low back pain and treatment in excess of the recommended guidelines for short-term use (less than two weeks), cyclobenzaprine (Flexeril) 7.5mg #90 is not medically necessary.

Nabumetone (Relafen) 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nabumatone (Relafen) 500mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms

of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis is sciatica. The date of injury is June 12, 2014. Documentation from a March 17, 2015 progress note shows the injured worker was taking Nabumatone and cyclobenzaprine at that time. Prior documentation does not contain lists of ongoing medications. The start date for both medications is unclear based on the medical record documentation available for review. The most recent progress note in the medical record is dated May 27, 2015 (request authorization June 9, 2015). The injured worker has ongoing chronic low back pain that radiates down both the right and left lower extremities. Objectively, the physical examination was unremarkable. There was no lumbar spasm. Motor examination was normal. The start date is unspecified in the medical record. There is no documentation indicating objective functional improvement with ongoing Nabumatone. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation indicating attempted tapering or weaning a nonsteroidal anti-inflammatory drug. Consequently, absent clinical documentation with significant objective clinical findings, the start date to determine the length of time the treating provider has prescribed Nabumatone and objective functional improvement, Nabumatone (Relafen) 500mg #90 is not medically necessary.