MAXIMUS Federal Services

Case Number:	CM15-0121537		
Date Assigned:	07/02/2015	Date of Injury:	05/20/2013
Decision Date:	09/16/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
Certification(s)/Specialty: Emergency 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 35 year old male, who sustained an industrial injury on 5/20/13. He reported low back pain after lifting a waste container. The injured worker was diagnosed as having lumbar region sprain, lumbosacral/lumbar disc degeneration and lumbosacral neuritis. Treatment to date has included oral medications including Hydrocodone, Methocarbamol 750mg #30, Prilosec and Relafen, activity restrictions, home exercise program and lumbar epidural steroid injection. (EMG) Electromyogram / (NCV) Nerve Condition Velocity studies performed on 5/6/15 revealed chronic bilateral L5 radiculopathy that is more pronounced on the left side. Currently on 5/28/15, the injured worker complains of low back pain with radiation to the left lower extremity; he notes his left lower extremity is completely numb. He rates the pain 9/10 and without medication 10/10, it is also noted the pain increases with movement, walking and stretching. On 5/28/15, physical exam noted tenderness in the lumbosacral spine and paraspinal muscle without stiffness or spasm. Range of motion is restricted due to pain and an antalgic gait is noted. A random drug screen was done on 5/28/15. The treatment plan included a prescription for Norco 10/325mg, continuation of work modification and follow up appointment in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. CA MTUS recommends "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Records support the IW has had ongoing prescriptions for muscle relaxants. There are no reports showing any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Additionally, there is no documentation to support the IW has had a new injury or acute exacerbation of low back pain. It is noted he has received other muscle relaxants for one year, on 5/5/15 it is documented he is taking Methacarbamol. Therefore, the request for Methacarbamol 750mg is not medically necessary.

Norco 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to CA MTUS guidelines long term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts. He has received Norco for at least 6 months. The treating physician did not document improvement in pain and improvement in function. The injured worker noted he had no change in pain since previous visit. There is barely any relief noted from medications. Documentation of the length of time relief lasts is not noted. The submitted request does not include dosing or frequency. A urine drug screen was performed on 5/28/15. He may work with modifications. Therefore, the request for Norco 5/325mg is not medically necessary.

Nabumetone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68; 72-73.

Decision rationale: CA MTUS guidelines for non-steroidal anti-inflammatory agents (NSAIDS) recommend 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. Nabumetone has been prescribed for at least six months. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. In this case, the injured worker has chronic pain with no evidence of prescribing for flare-ups. It is noted the pain was unchanged since previous visit. Very little relief of pain is noted with medications. The MTUS recommends monitoring of side effects; documentation did not support the monitoring of side effects. Due to length of use in excess of the guidelines and potential for toxicity, the request for Nabumetone is not medically necessary.