

Case Number:	CM15-0123550		
Date Assigned:	07/08/2015	Date of Injury:	09/12/2014
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/26/2015

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: Pennsylvania
 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 53 year old female who sustained an industrial injury on 9/12/2014. The mechanism of injury was from a fall. The current diagnoses are left disc herniation, right lumbar facet joint arthropathy/facet joint pain, lumbar degenerative disc disease, lumbar stenosis, lumbar sprain/strain, right sacroiliac joint pain, right thoracic facet joint arthropathy/facet joint pain, and right thoracic sprain/strain. According to the progress report dated 5/19/2015, the injured worker complains of low back, right buttock, and right posterior thigh pain. The pain is described as aching and stabbing. The pain is rated 8/10 on a subjective pain scale. The physical examination of the lumbar spine reveals painful and restricted range of motion. Sacroiliac provocative maneuvers including iliac gapping and shear were negative bilaterally and lumbar discogenic provocative maneuvers were positive bilaterally. Sacroiliac compression, Gaelensen's, Patrick's maneuver, Yeoman's, and pressure at the sacral sulcus were positive on the right and negative on the left. The current medications are Cyclobenzaprine and Nabumetone. There is documentation of ongoing treatment with Cyclobenzaprine and Nabumetone since at least 11/14/2014. Treatment to date has included medication management, physical therapy, MRI studies, aqua therapy, massage therapy, and chiropractic. MRI shows degenerative disc disease most impressive at L4-5 level. Work status: Temporarily totally disabled. A request for Nabumetone, Cyclobenzaprine, and fluoroscopically-guided diagnostic right sacroiliac joint injection has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided diagnostic right sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter: sacroiliac joint blocks.

Decision rationale: Per the Official Disability Guidelines, sacroiliac joint (SI) injections are recommended as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Diagnostic evaluation must first address any other possible pain generators. In this case, there is documentation of physical therapy and medication management; however, there is no indication that the injured worker is maintaining a home exercise program. There were some findings consistent with SI joint dysfunction noted. However, there were also positive lumbar discogenic provocative maneuvers, consistent with an alternative pain generator. Therefore, based on Official Disability Guidelines and submitted medical records, the request for sacroiliac joint injection is not medically necessary.

Nabumetone 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Nabumetone (Relafen) is a non-steroidal anti-inflammatory drug (NSAID) used for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, there is documentation of ongoing treatment with Nabumetone since at least 11/14/2014. The guidelines recommend NSAIDS for short-term symptomatic relief. There was no documentation of functional improvement as a result of use of nabumetone. Work status remains temporarily totally disabled, and there was no discussion of improvement in specific activities of daily living. Therefore, based on CA MTUS

guidelines and submitted medical records, the request for Nabumetone is not medically necessary.

Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Guidelines recommend Cyclobenzaprine be used as an option, using a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there is documentation of ongoing treatment with Cyclobenzaprine since at least 11/14/2014, along with use of other medications. The guidelines only recommend use of this medication for a short duration, and not longer than 2-3 weeks; in this case, the duration of use of cyclobenzaprine is in excess of the guideline recommendations. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Cyclobenzaprine is not medically necessary.