

Case Number:	CM13-0007188		
Date Assigned:	11/27/2013	Date of Injury:	11/26/2011
Decision Date:	02/14/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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:

This 27 year-old male sustained a low back injury from lifting and moving boxes on 11/26/11 while employed by [REDACTED]. Requests under consideration include Nabumetone-Relafen 500 mg, #90, Topiramate-Topamax 100 mg, #60, Cyclobenzaprine-Flexeril 7.5 mg, #90, and retrospective request for Sentra PM Medical Food, #60. Requests were non-certified on 7/11/13 citing lack of medical information and clarification. Review indicates the patient is s/p lumbar discectomy with [REDACTED] on 4/24/13; however only had 1 week of pain relief post-surgery per report of 7/12/13 from [REDACTED]. The patient underwent 12 sessions of post-op PT, but did not feel it was helpful. [REDACTED] told the patient his only was for fusion surgery, but the patient deferred and was discharged from his care. Exam showed gait antalgic with use of cane; surgical incision healing; soreness of lumbar spine; SLR positive bilaterally (no degree specified); no spasm or guarding noted. Medications listed Relafen, Topamax, Flexeril, Sentra, and Tramadol. Diagnoses included Lumbar disc displacement without myelopathy, lumbar stenosis, and long-term use of medications. Recommendations included medications Gabapentin, Protonix, Tramadol ER, and Flexeril with Topamax discontinued; surgical consult. Topamax per patient was not much help with nerve pain. It appears these medications have been prescribed since at least April of 2012

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500 mg, #90: 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 Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue neither this NSAID for an injury of 2011 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAID is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. Nabumetone-Relafen 500 mg, #90 is not medically necessary or appropriate.

Topiramate-Topamax 100 mg, #60: 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 Antiepilepsy drugs (AEDs), Page(s): 16-21.

Decision rationale: Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports. Per report of 7/12/13 from [REDACTED], Topamax was to be discontinued as the patient reported not helping his nerve pain. Topiramate-Topamax 100 mg, #60 is not medically necessary and appropriate.

Cyclobenzaprine-Flexeril 7.5 mg, #90: 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): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment. Per report of

7/12/13 from [REDACTED], there is no report of spasm on examination. The Cyclobenzaprine-Flexeril 7.5 mg, #90 is not medically necessary and appropriate.

Sentra PM Medical Food, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Medical Food,

Decision rationale: Sentra is a medical food supplement in alternative medicine supplement in alternative medicine. MTUS is silent on its use; however, ODG states to be considered, the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of condition to warrant the investigational use of this supplement. Senna is not medically necessary and appropriate. The provider has not provided any documentation of medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for Senna or any other alternative supplements. Absent medical necessity, certification cannot be granted. The retrospective request for Sentra PM Medical Food, #60 is not medically necessary and appropriate.