

Case Number:	CM13-0031981		
Date Assigned:	12/04/2013	Date of Injury:	10/11/2011
Decision Date:	02/05/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/04/2013

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 Occupational Medicine 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:

The applicant has filed a claim for chronic shoulder pain, left thigh pain, and bilateral carpal tunnel syndrome reportedly associated with industrial injury of October 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representation; medical food; transfer of care to and from various providers in various specialties; apparent diagnosis of carpal tunnel syndrome; and work restrictions. It does not appear that the applicant has returned to work with a rather proscriptive 10-pound lifting limitation in place. In a Utilization Review Report of September 13, 2013, the claims administrator denied a request for Relafen, Flexeril, and Theramine. The applicant's attorney later appealed. An earlier note of August 21, 2013 is notable for comments that the applicant has returned to work with a 10-pound lifting limitation. Relafen and Prilosec are reported dispensed. An MRI is pursued. The applicant is described as not having improved significantly. Multiple other notes interspersed throughout August, September, and October 2013 are reviewed, in which the applicant presents with issues related to low back pain and an umbilical hernia. Repair of said hernia are made. The applicant is given Naprosyn, Prilosec, and Norflex. The applicant's response to these medications is not detailed or described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),(Pain Chapter) NABUMRTONE

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

Decision rationale: The request for Nabumetone (Relafen) 750 mg is not medically necessary, medically appropriate, or indicated here. While Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications such as Nabumetone or Relafen do represent the traditional first-line of treatment for various chronic pain conditions, including chronic low back pain, in this case, as with the other drugs, there is no clear cut evidence of functional improvement as defined by the measures established in MTUS 9792.20f through ongoing usage of Relafen. The applicant does not appear to have returned to work. Rather proscriptive 10 and 15 pound lifting limitations remains in place. In fact, the applicant's work restrictions are seemingly becoming tighter and more stringent from visit-to visit, it is further noted. Continued usage of Relafen in this context is not recommended. Therefore, the request is not certified.

Cyclobenzaprine 7.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: The request for cyclobenzaprine 7.5 mg is also not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using several other analgesic medications, including Norflex, Relafen, Naprosyn, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified.

Theramine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Integrated Treatment/ Disability Duration Guidelines Pain (Chronic).

Decision rationale: Finally, the request for Theramine, a medical food, is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As

noted in the ODG Chronic Pain chapter Theramine topic, Theramine, a medical food, is not recommended in the treatment of acute pain, chronic pain, fibromyalgia, neuropathic pain or inflammatory pain. Therefore, the request is not certified owing to the unfavorable guideline recommendation.