

<b>Case Number:</b>	CM14-0109132		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/16/1990
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. The expert 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 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/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:

Injured worker is a male with date of injury 7/16/1990. Per primary treating physician's progress report dated 6/11/2014, the injured worker just reports he was helped much by the anti-inflammatory injection to his low back. He is still having some radiations to his feet at times. He may look into different shoe wear. He is tolerating his medications and they help keep him with activities of everyday living. The medications are keeping him on the job. No examination was reported. Diagnoses include 1) lumbar disk injury 2) lumbar vertebra HNP 3) lumbar degenerative inter vertebral disk.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Relafen (nabumetone) 750 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 X NSAIDs section, page(s) 67-71 Page(s): 67-71.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of

chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for 1 prescription of Relafen (nabumetone) 750 mg #60 is determined to not be medically necessary.

**1 prescription of Tramadol 50 mg #90: Overturned**

**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 X Opioids for Neuropathic Pain section and Opioids, specific drug list section, page(s) 82, 83, 93, 94  
Page(s): 82, 83, 93, 94.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician reports that the use of this medication is allowing the injured worker to maintain activities of daily living, and remain at work. The dosing of this request is also noted to be relatively low. The request for 1 prescription of Tramadol 50 mg #90 is medically necessary.