

<b>Case Number:</b>	CM14-0112768		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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:

The applicant is a represented [REDACTED] employees who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 21, 2011. The applicant has been treated with the following: Analgesic medications; various interventional spine procedures; psychotropic medications; unspecified amounts of psychological counseling; and unspecified amounts of physical therapy. In a Utilization Review Report dated June 24, 2014, the claims administrator denied a request for Laxacin, Norflex, and Relafen. The Utilization Review Report was extremely difficult to follow, comprised almost entirely of cited guidelines, and contains very little in the way of applicant-specific rationale or commentary. The applicant's attorney subsequently appealed. In a psychology note dated June 23, 2014, the applicant was described as having a variety of issues associated with depression, fatigue, chronic pain, and financial distress. In a May 27, 2014 progress note, the applicant reported persistent complaints of low back and shoulder pain, 4-7/10, exacerbated by sitting, bending, and lifting. Home exercises, Cymbalta, Relafen, Protonix, Norflex, and Laxacin were endorsed, along with a rather proscriptive 25-pound lifting limitation. It was not clearly stated whether or not the applicant was working with said limitations in place. It was stated that Laxacin was being given on p.r.n. basis for constipation. There was no explicit discussion of medication efficacy insofar as any of the medications in question were concerned. In an April 3, 2014 progress note, the applicant reported persistent complaints of low back pain, 2-3/10, again exacerbated by sitting and negotiating stairs. The applicant was asked to continue naproxen, Neurontin, Norflex, Prilosec, and Laxacin. The applicant did not appear to be working with said 25-pound lifting limitation in place, although this was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laxacin #60 QTY: 1.00: 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 Initiating Therapy section Page(s): 7,77.

**Decision rationale:** While page 77 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does acknowledge that laxative agents should be provided prophylactically in applicants using opioids, in this case, however, there is no evidence that the applicant is in fact using any opioids. Similarly, page 7 of the California (MTUS) Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has simply renewed Laxacin from visit to visit without any explicit discussion of whether or not it is (or is not) attenuating the applicant's reported symptoms of constipation. Therefore, the request is not medically necessary.

**Orphenadrine 100mg ER QTY: 1.00: 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 topic Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine (Norflex) are recommended "with caution" as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, however, the attending provider is seemingly intent on providing orphenadrine for chronic, long-term, and/or scheduled use purposes. The applicant has received renewals of orphenadrine on several recent office visits, referenced above. The request, thus, as written, runs counter to California MTUS principles and parameters. Therefore, the request is not medically necessary.

**Nabumetone 550mg #120 DOS 3/25/14 QTY: 1.00: 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.

**Decision rationale:** While page 63 of the Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as nabumetone do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain

reportedly present here, this recommendation is qualified by commentary made on page 7 of the Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing nabumetone usage. The applicant does not appear to be working with a rather proscriptive 25-pound lifting limitation in place. The attending provider has renewed said 25-pound lifting limitation in place on several recent office visits, referenced above, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Relafen. Therefore, the request was not medically necessary.

**Nabumetone 750mg #120 DOS 5/01/14 QTY: 1.00: 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 Anti-inflammatory Medications topic Page(s): 7,22.

**Decision rationale:** While page 22 of the Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as nabumetone do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary on page 7 of the Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to explicitly state how (or if) ongoing usage of nabumetone has proven beneficial here. The applicant does not appear to be working with a rather proscriptive 25-pound lifting limitation in place. The applicant's work restrictions have seemingly been renewed, unchanged, from visit to visit, it is further noted. The attending provider has failed to outline any material decrements in pain or improvements in function achieved as a result of ongoing nabumetone usage. Therefore, the request was not medically necessary.

**Norflex #60 DOS 3/25/2014 & 5/01/2014 QTY: 1.00: 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 topic Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended "with caution" as second-line options to treat acute exacerbations of chronic low back pain. In this case, however, the attending provider has seemingly renewed Norflex on several office visits, referenced above, implying that it is being

employed for chronic, long-term, and/or scheduled use purposes. This is not a California Medical Treatment Utilization Schedule (MTUS)-endorsed role for Norflex, a muscle relaxant. Therefore, the request was not medically necessary.