

<b>Case Number:</b>	CM14-0150860		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 patient is a 56-year-old male who has submitted a claim for chronic pain associated with an industrial injury date of October 26, 2011. Medical records from 2014 were reviewed. The patient complained of constant low back pain and numbness in the feet, and less frequent shooting pain down the left thigh. Pain levels were 5-6/10 without medications and 1-2/10 with medications. He has completed 12 sessions of MedX machine use and has reported improvement such as increase walking distance from 1 mile to 3 miles per day. He was also able to sleep 6-7 hours at night without getting up as compared to 4 hours. Tramadol use was also decreased from twice daily to once daily while on MedX machine use. Increased low back pain was reported since MedX machine use was discontinued. Examination of the lumbar spine showed tenderness over the lumbar spinous processes; spasm in the paraspinal muscles; limitation of motion in all planes; and decreases sensation to touch in both feet. The diagnoses were degenerative lumbar disc disease; chronic pain syndrome, and lumbosacral radiculitis. Treatment to date has included tramadol, Relafen, Neurontin, TCA, right sacroiliac joint injection, TENS, physical therapy, home exercise program, chiropractic therapy, and lumbar ESI. Utilization review from August 27, 2014 modified the request for Relafen tablets 750mg QTY: 60 to QTY: 30 for intermittent use. There was no documented flair and BP. Also, the report stated beneficial exam but complaints and work status were unchanged. The request for MedX machines QTY: 12 was modified to QTY: 6 because there have been no changes to functional parameters to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen tablets 750mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) ; Nabumetone (Relafen, generic available) Page(s).

**Decision rationale:** As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The lowest effective dose of nabumetone should be sought for each patient. Its use for moderate pain is off-label. In this case, Relafen intake was noted as far back as July 2013. However, the medical records do not clearly reflect continued benefit from its use. There was also no evidence that the patient has failed to respond to lower doses. The guideline recommends nabumetone use at the lowest effective dose at the shortest period of time possible. The medical necessity for continued use of this medication was not established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Relafen tablets 750mg QTY: 60 is not medically necessary.

**MedX machines QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Lumbar extension exercise equipment

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Low Back Section was used instead. ODG states lumbar spine-strengthening exercises appears effective compared with no exercise. The MedX lumbar extension machine addresses low back pain by developing spinal muscle strength through a stabilization system that isolates specific muscle groups. The evidence suggests that MedX may help to increase lumbar muscle strength, decrease pain, and improve perceptions of physical and psychosocial functioning in chronic back pain patients. In this case, the patient has completed 12 sessions of MedX machine use and has reported significant improvement in walking distance and sleep. Tramadol intake from twice daily was also decreased to once daily. Additional treatment sessions seem beneficial to the patient. However, the request did not specify whether the equipment is for rental or purchase. The medical necessity for the request cannot be established at this time because the request was nonspecific. Therefore, the request for MedX machines QTY: 12 are not medically necessary.

