

Case Number:	CM14-0176063		
Date Assigned:	10/29/2014	Date of Injury:	10/23/2001
Decision Date:	12/11/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 57 year old female who had a work injury dated 10/24/14. The diagnoses include lower reflex sympathetic dystrophy. Under consideration are requests for Nabumetone-Relafen 500mg #90; Orphenadrine-Norflex ER 100mg #90; and Pantoprazole-Protonix 20 60mg #60. There is a 9/3/14 progress note that states that the patient is morbidly obese, in pain and tearful. There is no abnormal gait. The muscle tone is normal in the bilateral upper and bilateral lower extremities. The patient is noted to be on numerous medications including Nabumetone; Orphenadrine; and Pantoprazole. The treatment plan included medication refill; wait for authorization for weight management program; podiatry consult; psychiatry and urology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500mg #90: 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) Pain- NSAIDS- Nabumetone

Decision rationale: Nabumetone-Relafen 500mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and ODG Guidelines. The guidelines state that NSAIDs are recommended for osteoarthritis and back pain at the lowest dose for the shortest period in patients. The ODG states that the lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. The documentation indicates that the patient has been on nabumetone without evidence of functional improvement and continues to have significant pain. The request for Nabumetone-Relafen 500mg #90 is not medically necessary.

Orphenadrine-Norflex ER 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine, Muscle relaxants (for pain) Page(s): 65, 63.

Decision rationale: Orphenadrine-Norflex ER 100mg #90 is not medically necessary per the MTUS Chronic Pain Medical Guidelines. The MTUS states that Norflex has been reported in case studies to be abused for euphoria and to have mood elevating effects. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates that a prior utilization review on 6/24/14 certified Orphenadrine-Norflex ER 100mg tablets #30 for weaning purposes. The documentation indicates that the patient has been using this for several months without evidence of functional improvement. The request for Orphenadrine-Norflex ER 100mg #90 is not medically necessary.

Pantoprazole-Protonix 20 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Proton pump inhibitors

Decision rationale: Pantoprazole-Protonix 20 60mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and ODG Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. Elsewhere it was indicated in this review that the NSAID Relafen was not deemed medically necessary. The ODG states that a trial of omeprazole or lansoprazole is recommended before Nexium therapy. Protonix should also be second-line.

The documentation does not indicate that the patient failed first line proton pump therapy. The request for Pantoprazole-Protonix 20 60mg #60 is not medically necessary.