

<b>Case Number:</b>	CM14-0186007		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 2/5/2013. Per visit note dated 9/10/2014, the injured worker continues to have right knee pain and low back pain with leg pain. He states that his tramadol gave him a rash. He wants to stop the tramadol, stating that the Hydrocodone is helpful for his pain, as well as Relafen and non-steroidal anti-inflammatory and proton pump inhibitor was helpful in reducing his side effects with the Relafen. He wants to proceed with a lumbar epidural steroid injection as soon as possible. On examination left lower leg extension strength is 4/5, otherwise left lower extremity strength is 5/5. Gait is antalgic. Sensation is decreased in the left L3, L5, L5, and S1 dermatomes. Straight leg raise is positive on the left. There is spasm and guarding noted in the lumbar spine. Diagnoses include 1) pain in joint, lower leg, status post right knee arthroscopy 2) disorders of sacrum 3) sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #240:** 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 Opioids section, Weaning of Medications section Page(s): 74-95,124.

**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 Norco is continued at 3 tablets per day, and the injured worker is to follow up in 4 weeks. The request for 240 tablets is consistent with 8 tablets a day, not 3. The injured worker is chronically injured and continues to be treated with Norco without objective findings of improved function with the use of Norco. Pain reduction and improvement in quality of life with the use of Norco is not addressed. Aberrant drug behavior is not addressed, and the number of tablets being requested greatly exceeds the amount the injured worker is reported to be taking. The injured worker is noted to have called the clinic for medication refills, which were provided. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/APAP 10/325mg #240 is determined to not be medically necessary.

**Nabumetone (Relafen) 500mg quantity 90:** 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 NSAIDs Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are 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. Nabumetone is prescribed one tablet every 12 hours. The injured worker is to follow up in four weeks, but 90 tablets are prescribed. The injured worker is chronically injured, and the medical necessity of chronic NSAID use has not been established within the recommendations of the MTUS Guidelines. The request for Nabumetone (Relafen) 500mg quantity 90 is determined to not be medically necessary.