

<b>Case Number:</b>	CM14-0081747		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 46-year-old male who reported an injury on 12/21/2011. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc protrusion at L2-3, lumbar facet hypertrophy, status post traumatic left hemothorax, left sided fifth, sixth and seventh rib healed fracture, right shoulder rotator cuff syndrome, chronic myofascial pain syndrome, and major depression. The previous treatments included medication and radiofrequency lesioning. Diagnostic testing included MRI and an x-ray. Within the clinical note dated 06/24/2014 it was reported the injured worker complained of low back and right shoulder pain, causing difficulty in reaching above the right shoulder. He complained of occasional radicular pain in the left leg with tingling, numbness and paresthesia. He rated his pain 4/10 to 7/10 in severity. The injured worker reported medications relieved pain for a few hours, but then it returns. Upon the physical examination the provider noted the injured worker had increased lumbar lordosis. The range of motion of the lumbar spine was restricted. Paravertebral muscle spasms and localized tenderness were present in the lumbar facet joint area at L4-5 and L5-S1 levels. The injured worker had a positive right shoulder impingement test. The provider noted the injured worker had localized tenderness in the right AC joint. The injured worker had bilateral straight leg raise at 50 to 60 degrees. The provider requested Laxacin for constipation, orphenadrine, and nabumetone. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laxacin (Docusate Sodium and Sennosies) #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-158739-Laxacin+Oral.aspx?drugid=158739&drugname=Laxacin+Oral>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** The request for Laxacin (Docusate Sodium and Sennosies) #60 is not medically necessary. The California MTUS Guidelines recommend prophylactic therapy for constipation while in therapeutic phase of opioid therapy. There is lack of significant subjective and objective findings indicating the injured worker is treated for or diagnosed with constipation due to opioid therapy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is not medically necessary.

**Orphendrine 100mg ER (Norflex) #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The request for Orphendrine 100mg ER (Norflex) #60 is not medically necessary. The California MTUS 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 guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines' recommendation of short-term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

**Nabumetone 550mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-67.

**Decision rationale:** The request for Nabumetone 550mg #120 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest

dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis. Therefore, is not medically necessary.

**Nabumetone 750mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-67.

**Decision rationale:** The request for Nabumetone 750mg #120 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis. Therefore, is not medically necessary.