

Case Number:	CM14-0095501		
Date Assigned:	07/25/2014	Date of Injury:	08/09/2011
Decision Date:	09/30/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 64-year-old male who has submitted a claim for pain in limb associated with an industrial injury date of August 8, 2011. Medical records from 2014 were reviewed. The patient complained of shoulder, bilateral knee and low back pain. Pain was rated 7/10 with medications and 3/10 without medications. Current pain medications include Relafen and Vicodin, taken as far back as January 2014. Physical examination showed limitation of motion of the right shoulder on abduction; some shoulder pain with impingement maneuvers; and a lot of crepitus in both knees. Cervical MRI dated May 4, 2012 revealed multilevel degenerative changes mostly at C3-4 and C5-6. Left shoulder MRI obtained on May 4, 2012 revealed partial thickness tear of the infraspinatus tendon and acromioclavicular joint arthritis; while lumbar MRI on January 25, 2011 showed minor lower lumbar degenerative changes and annular tears at L5-S1. MRI of the right hip done on May 2, 2012 demonstrated tearing of the labrum, moderate cartilage loss, and tendinosis. Right hip x-ray was unremarkable, while x-ray of the knees showed degenerative changes. The diagnoses were chronic shoulder pain, left greater than right; chronic low back pain; chronic neck pain; chronic right hip and groin pain; and chronic bilateral knee pain. Treatment to date has included Relafen, Vicodin and shoulder injection. Utilization review from June 6, 2014 denied the request for Relafen 750mg BID #120, and modified the request for Vicodin 5/500mg TID #180 to Vicodin 5/500mg TID #90 for weaning purposes. The documentation submitted did not provide subjective complaints or objective measurements for strength and range of motion to support functional deficits and the need for pain medication. Additionally, there is no ongoing assessment of pain relief and functional improvements to indicate efficacy. Furthermore, the documentation did not provide evidence of lack of side effects and misuse by a pill count or drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750 mg BID, 120 count.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs); Nabumetone (Relafen, generic available) Page(s): 67-68; 73.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs); Nabumetone (Relafen), page 67-68; 73. The Expert Reviewer'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 January 2014. 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 750mg 120 count is not medically necessary.

Vicodin 5/500 mg TID, 180 count.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, page 78-80. The Expert Reviewer's decision rationale:As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, "on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on chronic Vicodin use dating as far back as January 2014. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, current work status of the patient was not discussed. The guideline requires documentation of functional and pain improvement as well as return to work for continued opioid use. Furthermore, no urine drug screens were done to monitor for aberrant drug-taking behaviors based on the medical records

provided. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Vicodin 5/500mg 180 count is not medically necessary.