MAXIMUS Federal Services

| Case Number: | CM14-0176032 | | |
|---|---|---|---|
| Date Assigned: | 10/29/2014 | Date of Injury: | 09/30/2011 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 09/19/2014 |
| 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

## 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 underlying date of injury in this case is 09/30/2011. The date of the initial utilization review under appeal is 09/19/2014. On 09/10/2014, the patient was seen in orthopedic followup regarding a lumbar strain. The patient was noted to utilize a back brace. The patient reported symptoms of occasional low back pain radiating to the legs with numbness, right worse than left and with painful movement. There was no tenderness to palpation of the lumbar spine. There was limited range of motion. The patient reported that swimming exercises did help with strengthening; the treating provider recommended a home exercise program and the treating provider prescribed Lodine and recommended return to the office on an as-needed basis. The current medications reported on this office note included Relafen/Nabumetone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lodine x 1 400mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22 states that "anti-inflammatories are the traditional first-line of treatment to reduce pain and improve function, but notes that long-term use may not be warranted." The medical records in this case do not document risk versus benefit of the prescribed medication Lodine. Of note, on the physician note on which Lodine was recommended, the injured worker was noted to currently be utilizing Relafen; it is unclear why the injured worker would require two NSAID medications simultaneously. Alternatively, it is unclear what the effectiveness of Relafen may have been previously and what the risk versus benefit rationale may be to switch from Relafen to Lodine. For these multiple reasons this request is not supported by the records and treatment guidelines. This request is not medically necessary.