MAXIMUS Federal Services

Case Number:	CM14-0187120		
Date Assigned:	11/17/2014	Date of Injury:	10/18/2001
Decision Date:	01/05/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This injured worker is a 62 year old male employee with date of injury of 10/18/2001. A review of the medical records indicate that the injured worker is undergoing treatment for brachial neuritis or radiculitis nos, thoracic or lumbosacral neuritis or radiculitis nos, shoulder region disorders not elsewhere classified, pes anserinus tendinitis or bursitis, enthesopathy of wrist. Subjective complaints include continual lower back pain and pain in bilateral lower extremities and both feet on the plantar surface. Objective findings include spasm, tenderness, and guarding of the paravertebral musculature of the lumbar spine with range of motion. Tenderness and spasm are noted with pressure bilaterally. Decreased range of motion in the ankles. Decreased sensation with pain in the bilateral L5 dermatomes. Treatment has included 12 sessions of acupuncture, which has helped pain. Medications have included unspecified oral pain medication, Ambien, Dilantin, Viagra, and Hydrochlorothiazide. The utilization review dated 10/13/2014 non-certified the request for Norflex 100mg # 60 with 5 refills, partially certified the request for Relafen 750mg #60 with 5 refills (modified to 1 prescription of Relafen 750mg #60), and certified the request for Prilosec 20mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg # 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: Norflex is classified as a muscle relaxant. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states "Orphenadrine (Norflex, Banflex, Antiflex , Orphenate , generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. MTUS guidelines recommend against the long term use of muscle relaxants. The treating physician has not provided documentation of acute muscle spasms, documentation of functional improvement while on Norflex, new injury, or re-injury. In addition, the treating physician has not provided documentation of trials and failures of first line therapies. The physician does mention pain improvement after the patient takes "oral pain medications" but those medications are not specified in the medical files. As such the request for Norflex 100mg # 60 with 5 refills is not medically necessary.

Prilosec 20mg #30 with 5 refills: 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 (Chronic), NSAIDs, GI Symptoms & Cardiovascular Risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the injured worker has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the injured worker suffers from dyspepsia because of the present medication regimen. As such, the request for Prilosec 20mg #30 with 5 refills is not medically necessary.

Relafen 750mg #60 with 5 refills: 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; Relafen Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)". The injured worker has been prescribed Relafen since May 2014 without any significant improvement in pain, quality of life, or functionality. The treating physician has not provided any justification to exceed MTUS guidelines and continue with Relafen at this time. As such, the request for Relafen 750 MG # 60, 5 refills is not medically necessary.