

Case Number:	CM14-0204201		
Date Assigned:	12/16/2014	Date of Injury:	02/07/2002
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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 injured worker is a 68 year old male with a date of injury as 02/07/2002. The cause of the injury was not included in the documentation received. The current diagnoses include lumbago, knee tendonitis/bursitis, lumbosacral radiculopathy, and lumbar disc disorder with myelopathy. Previous treatments include left knee and lumbar spine surgeries, physical therapy, and multiple medications. Primary treating physician's reports dated 10/01/2014 through 11/26/2014 were included in the documentation submitted for review. Report dated 11/26/2014 noted that the injured worker presented with complaints that included chronic pain in the left knee and lumbar spine. Physical examination revealed spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion, discomfort in the left knee with medial and lateral joint line tenderness. The physician noted that the injured worker underwent very significant surgical interventions, and takes the Norco together with Relafen and Norflex for nociceptive pain. The documentation submitted for review did not provide a detailed evaluation of functional improvements with the prescribed medication regimen. The injured worker is permanent & stationary. The utilization review performed on 11/13/2014 non-certified a prescription for Nabumetone, Orphenadrine ER, hydrocodone/acetaminophen based on no documentation to support objective or subjective benefit from the use of the medications. The reviewer referenced the California MTUS in making this decision. The patient's surgical history include lumbar arthrodesis and left knee arthroscopy. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #100: Overturned

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 Anti-inflammatory medications Page(s): 22.

Decision rationale: Nabumetone belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Nabumetone for this injury. The current diagnoses include lumbago, knee tendonitis/bursitis, lumbosacral radiculopathy, and lumbar disc disorder with myelopathy. Per the note dated 11/26/2014 he had complaints of chronic pain in the left knee and lumbar spine and physical examination revealed spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion, discomfort in the left knee with medial and lateral joint line tenderness. The patient's surgical history include lumbar arthrodesis and left knee arthroscopy NSAIDs like Nabumetone are first line treatments to reduce pain. Nabumetone 750mg #100 use is deemed medically appropriate and necessary in this patient.

Orphenadrine ER 100mg: Overturned

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 (for pain) ANTISPASTICITY DRUGS Orphenadrine Page(s): 63.

Decision rationale: As per cited guideline "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available):..... Effects are thought to be secondary to analgesic and anticholinergic properties." Thompson Micromedex-FDA Labeled indications of the drug Orphenadrine include musculoskeletal pain. It is used as adjunctive treatment for acute, painful musculoskeletal conditions. The patient has been prescribed Nabumetone which is NSAID and that was deemed to be medically appropriate and necessary. The pt has had multiple significant surgeries. The pt has evidence of muscle spasms. The use of Orphenadrine ER 100mg is deemed medically appropriate and necessary as an adjunct to the NSAID Relafen/ Nabumetone.

Hydrocodone/Acet 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use
CRITERIA FOR USE OF OPIOIDS
Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: Hydrocodone/Acet 5/325mg contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone/Acet 5/325mg #30 is not established for this patient.