MAXIMUS Federal Services

| Case Number: | CM15-0106815 | | |
|---|---|---|---|
| Date Assigned: | 06/11/2015 | Date of Injury: | 08/15/2013 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

## 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back, knee, hip, and leg pain reportedly associated with an industrial injury of August 15, 2013. In a utilization review report dated May 19, 2015, the claims administrator failed to approve requests for Relafen (nabumetone), Ultracet, and Norflex. The claims administrator referenced an April 13, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an IMR application dated June 2, 2015, the applicant's attorney specifically appealed all three requests, Ultracet, Norflex, and nabumetone. In a progress note dated March 10, 2015, the applicant reported ongoing complaints of low back, knee, and hip pain, moderate to severe. The applicant had had extensive physical therapy and manipulative therapy. The applicant was not working and had difficulty performing household chores and performing recreational activities, it was reported. Activities of daily living as basic as sitting, standing, and walking remained problematic, the treating provider reported. The applicant was on Norco, Motrin, and Relafen, it was stated. The applicant had last worked on August 15, 2013 and was receiving both Workers' Compensation indemnity benefits and disability insurance benefits, it was reported. Medications were renewed. The attending provider stated that he was furnishing the applicant prescriptions for Ultracet, Norflex, and Relafen while reportedly discontinuing oral Voltaren. On April 13, 2015, the applicant had again reported a variety of chronic pain and depressive symptoms. The applicant was on Ultracet, Norflex, and Relafen, it was stated in one section of the note. In another section of the note, it was stated that the applicant was using Norco, Motrin, and Relafen. The applicant was not working and was receiving disability benefits, it was stated. Ultracet, Norflex, and Relafen were ultimately continued and/or renewed while the applicant was kept off of work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37. 5 MG #60:** Upheld

**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 When To Continue Opioids Topic Page(s): 80.

**Decision rationale:** Finally, the request for Ultracet, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and receiving both Workers' Compensation indemnity benefits and disability insurance benefits, it was reported on April 13, 2015. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, performing household chores, and performing recreational activities, it was reported at various points, including on February 10, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Ultracet. Therefore, the request was not medically necessary.

**Norflex 100 MG #60:** Upheld

**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 Muscle Relaxants Topic Page(s): 63.

**Decision rationale:** Similarly, the request for Norflex (orphenadrine), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are indicated in the short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Norflex at issue, in and of itself, represents treatment in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Nabumetone 750 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for nabumetone (Relafen), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the

MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the prescribing provider did not clearly state why he was furnishing the applicant with two separate anti-inflammatory medications, nabumetone (Relafen) and ibuprofen (Motrin), both of which the applicant was described as using in the April 13, 2015 progress note at issue. A clear rationale for concurrent usage of two separate NSAIDs was not furnished. Therefore, the request was not medically necessary.