

Case Number:	CM15-0108257		
Date Assigned:	06/12/2015	Date of Injury:	10/27/2008
Decision Date:	07/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/04/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 36 year old male, who sustained an industrial injury on October 27, 2008. The injured worker was diagnosed as having lumbar postlaminectomy syndrome and lumbar disc displacement without myelopathy. Treatment to date has included radiofrequency ablations and medication. Currently, the injured worker complains of low back pain. The Treating Physician's report dated May 22, 2015, noted the injured worker had recently had a lumbar radiofrequency ablation performed on January 20, 2015, for relief of low back pain with the injured worker reporting approximately 70% initial pain relief. The injured worker reported this procedure was not as effective as a previous radiofrequency ablation, which provided relief for approximately one year. The injured worker was noted to manage his low back pain with Norco three tabs daily and Nabumetone, taken intermittently when the pain was more persistent, with continued benefit from the Orphenadrine for muscle spasms. The injured worker's current medications were listed as Nabumetone, Orphenadrine, Norco, and Lidoderm patches. Physical examination was noted to show the injured worker with an antalgic gait with pain with extension of the lumbar spine and loading of the facet joints. The treatment plan was noted to include requests for authorization for bilateral permanent lumbar facet joint injection at L4-L5 and L5-S1, AKA radiofrequency ablation, with fluoroscopic guidance and IV sedation, and prescriptions for Nabumetone, Orphenadrine, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500mg; one bid Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to MTUS guidelines, NSAIDs are recommended for knee and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case, the request was for Relafen 500 mg #90, which does not comply, with MTUS guidelines for the use of NSAIDs for short period of time. In addition, there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Nabumetone-Relafen 500mg #90 is not medically necessary.

Orphenadrine-Norflex ER 100mg; one bid Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, ANTISPASTICITY DRUGS Page(s): 63, 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine-Norflex ER 100mg #90 is not medically necessary.