

<b>Case Number:</b>	CM15-0147845		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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:

This 49 year old female sustained an industrial injury to the low back on 8-8-08. Previous treatment included epidural steroid injections, psychiatric care and medications. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 11-7-14, the injured worker reported that recent epidural steroid injections at L5-S1 (10-3-14) had reduced low back pain from 8-9 out of 10 on the visual analog scale to 6-7 out of 10 with ongoing relief at the time of exam. The treatment plan included continuing Norflex, Nabumetone and Gabapentin. In the most recent documentation submitted for review, a supplemental report dated 3-10-15, the physician noted that a request for repeat epidural steroid injection at right L5 had been denied. The physician was requesting a third epidural steroid injections due to an isthmic spondylolisthesis with pars defect in an attempt to prevent the need for surgical intervention with lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**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 Nabumetone 750mg #120, 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 750mg #120 is not medically necessary.

**Gabapentin 600mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of Gabapentin 600MG #120 is not medically necessary.

**Orphenadrine Citrate 100mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Anti-spasticity 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. In addition, Orphenadrine is sedating. The request of Orphenadrine Citrate 100 mg #120 is not medically necessary.