

<b>Case Number:</b>	CM15-0163750		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31 year old, female who sustained a work related injury on 3-4-14. The diagnoses have included lumbar degenerative disc disease and neck strain-sprain. Treatments have included oral medications and use of a cane. In the Visit Note dated 8-4-15, the injured worker reports lower back pain that radiates to her groin. She reports a burning pain that originates in her abdomen that radiates down into her pubic area. She reports pain in her right buttocks. She states she has pain with wearing a bra or pants. She reports neck pain that "bores into her head." Nothing makes the pain better. Pain is worse with activity. She continues to follow-up with her other doctors. She states she is no longer taking Norco prescribed by her gynecologist as she experienced "numbness" in both of her arms when taking this medication. She reports a variety of side effects with buprenorphine, Flexeril and gabapentin. She states these medications make her extremely drowsy, they make her feel weak when she wakes up and makes her feel like pain is "entering her brain," She continues on anti-inflammatories only. She is anxious and tearful. She walks with an antalgic gait. She uses a cane for assistance. She is not working. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone (Relafen) 500mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Based on the 08/05/15 progress report provided by treating physician, the patient presents with pain to right neck and right upper extremity, low back and right lower extremity pain. The request is for NABUMETONE (RELAFEN) 500MG #90. RFA not provided. Patient's diagnosis on 08/05/15 includes lumbar lumbosacral disc degeneration, and sprains and strains of neck. The patient has an antalgic gait and utilizes a cane for ambulation. Physical examination to the lumbar spine on 08/20/15 revealed spasm, guarding and tenderness to palpation to right paraspinals and sacroiliac joint. Positive straight leg raise on the right. Treatment to date has included imaging studies and medications. Patient's medications include Buprenorphine, Cyclobenzaprine, Nabumetone, and Protonix. Per 08/05/15 report, the patient is "on total temporary disability," and "may return back to modified work in a sedentary setting." MTUS, NSAIDs, specific drug list & adverse effects Section, pages 72 and 73 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)" MTUS, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Nabumetone (Relafen) has been included in patient's medications, per progress reports dated 08/05/15 and 08/20/15. It is not known when this medication was initiated. Per 08/20/15 progress report, treater states "the patient is using Nabumetone for anti-inflammatory pain relief. Patient notes that this medication is helping her and adequately relieving her pain. She is also able to perform activities of daily living better with less pain. This medication does provide significant decrease in pain as well as improvement in function. She is tolerating it well without any side effects." Given patient's continued pain, diagnosis and documented functional benefit from this medication, the request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

**Pantoprazole (Protonix) 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 08/05/15 progress report provided by treating physician, the patient presents with pain to right neck and right upper extremity, low back and right lower extremity pain. The request is for PANTOPRAZOLE (PROTONIX) 20MG #60. RFA not provided. Patient's diagnosis on 08/05/15 includes lumbar lumbosacral disc degeneration, and sprains and strains of neck. The patient has an antalgic gait and utilizes a cane for ambulation. Physical examination to the lumbar spine on 08/20/15 revealed spasm, guarding and tenderness to palpation to right paraspinals and sacroiliac joint. Positive straight leg raise on the right. Treatment to date has included imaging studies and medications. Patient's medications include Buprenorphine, Cyclobenzaprine, Nabumetone, and Protonix. Per 08/05/15 report, the patient is "on total temporary disability," and "may return back to modified work in a sedentary setting." MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole (Protonix) has been included in patient's medications, per progress reports dated 08/05/15 and 08/20/15. It is not known when this medication was initiated. Per 08/20/15 progress report, treater states "the patient does complain of heartburn and abdominal pain. Currently the patient is using Nabumetone (NSAID) which has the propensity to cause GI side effects." MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Treater has documented patient's GI risk assessment. The request to continue Pantoprazole appears reasonable. Therefore, the request IS medically necessary.