

Case Number:	CM15-0188602		
Date Assigned:	09/30/2015	Date of Injury:	05/06/2014
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/24/2015

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 60 year old male, who sustained an industrial injury on 5-6-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis and lumbar strain. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker rated his pain as 4 out of 10, with the pain currently manageable. On 7-6-2015, the injured worker rated his pain as 2-3 out of 10, with 5-6 out of 10 with activity. The injured worker reported that the medication did not completely alleviate the pain or make it more tolerable. The injured worker was noted to be trying to use his bicycle and use an elliptical. The physical examination was noted to show mild spasm along the left lumbar paraspinal musculature with minimal tenderness in the region. Sensory and motor functions tested in the lower extremities were noted to be intact and symmetric with negative straight leg raise. Prior treatments have included physical therapy, right knee arthroscopy on 4-7-2015, and right knee aspiration and Marcaine injection of 4-10-2015. The treatment plan was noted to include renewal of the Norco and Flexeril, prescribed since at least 6-5-2015, a lumbar support orthosis dispensed, and request for a multidisciplinary evaluation. On 8-3-2015, the Physician noted the Ibuprofen was not effective and changed to Relafen to be utilized twice daily. The Physician noted concern over the injured workers continued use of opioid analgesics. The injured worker was noted to remain off work until the following visit. The documentation provided did not include documentation of a urine drug screen (UDS), a medication agreement with the injured worker, or any other monitoring for side effects or aberrant behavior. The request for authorization was noted to have requested Flexeril 5mg, #60, Norco 5/325mg, #50, and

Nabumetone 750mg, #60. The Utilization Review (UR) dated 9-22-2015, non-certified the requests for Flexeril 5mg, #60, Norco 5/325mg, #50, and Nabumetone 750mg, #60, with weaning recommended for the Flexeril and the Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg, #60: Upheld

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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Based on the 08/24/15 progress report provided by treating physician, the patient presents with pain to neck, left shoulder and low back rated 4/10. The request is for FLEXERIL 5MG, #60. RFA with the request not provided. Patient's diagnosis on 08/24/15 includes lumbar spondylosis and lumbar strain. Physical examination on 08/24/15 revealed mild spasm and tenderness to palpation to the lumbar spinal musculature. Patient has been approved for lumbar support orthosis, per 08/24/15 report. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Norco and Flexeril. The patient is off-work, per 07/06/15 work status report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)" This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy. Flexeril has been included in patient's medications per progress reports dated 06/05/15 and 08/24/15. It is not known when this medication was initiated. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 06/05/15, which is more than 3 months from UR date of 09/22/15. The request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 60 is excessive and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Norco 5/325mg, #50: Upheld

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/24/15 progress report provided by treating physician, the patient presents with pain to neck, left shoulder and low back rated 4/10. The request is for NORCO 5/325MG, #50. RFA with the request not provided. Patient's diagnosis on 08/24/15 includes lumbar spondylosis and lumbar strain. Physical examination on 08/24/15 revealed mild spasm and tenderness to palpation to the lumbar spinal musculature. Patient has been approved for lumbar support orthosis, per 08/24/15 report. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Norco and Flexeril. The patient is off-work, per 07/06/15 work status report. MTUS, Criteria For Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria For Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Norco has been included in patient's medications per progress reports dated 06/05/15 and 08/24/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Furthermore, per 09/21/15 report, treater states the patient weaned himself off Norco. There is no discussion regarding the request for a medication the patient is not longer taking. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Nabumetone 750mg, #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): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects.

Decision rationale: Based on the 08/24/15 progress report provided by treating physician, the patient presents with pain to neck, left shoulder and low back rated 4/10. The request is for NABUMETONE 750MG, #60. RFA with the request not provided. Patient's diagnosis on 08/24/15 includes lumbar spondylosis and lumbar strain. Physical examination on 08/24/15 revealed mild spasm and tenderness to palpation to the lumbar spinal musculature. Patient has

been approved for lumbar support orthosis, per 08/24/15 report. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Norco and Flexeril. The patient is off-work, per 07/06/15 work status report. 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Nabumetone is not included in provided progress reports. It appears this medication is being initiated. There is no evidence provided in medical records that this patient has been previously prescribed Relafen. Given the conservative nature of this medication and the lack of utilization to date, the use of this medication appears reasonable. Therefore, the request IS medically necessary.