MAXIMUS Federal Services

Case Number:	CM15-0189058		
Date Assigned:	10/01/2015	Date of Injury:	06/13/2007
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 53 year old male, who sustained an industrial injury on 6-16-2007. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include chronic pain with radiculopathy, sacroiliitis, neuropathic pain in left lower extremity, left iliac bony lesion, status post multiple lumbar surgeries. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, bracing, acupuncture treatments, sacroiliac injections, facet injections, and epidural injections. Currently, he complained of ongoing pain in the low back with radiation to the left lower extremity. Pain was rated 5 out of 10 VAS with medication and 9 out of 10 VAS without medication. Present medications were noted to include Gabapentin, Relafen, Robaxin, OxyContin, and Norco. The records documented these medications were prescribed for at least six months, with the exception of Norco, which was added when Percocet was discontinued on 7-14-15. On 8-11-15, the physical examination documented tenderness to lumbar spine with decreased range of motion with a positive straight leg raise test bilaterally. There was decreased sensation to bilaterally lower extremities. The plan of care included ongoing medication management. The appeal requested authorization for Methocarbamol (Robaxin) 750mg #30 with two refills, and Nabumetone (Relafen) 750mg #60 with two refills. The Utilization Review dated 9-4-15, denied the Methocarbamol and modified the Nabumetone to allow Nabumetone 750mg #60 without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Methocarbamol 750mg #30 with 2 refills (8/11/15): 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): Muscle relaxants (for pain).

Decision rationale: MTUS states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP" and ". . . they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence."The medical records indicate that Methocarbamol has been prescribed in excess of what would be considered short-term treatment. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Additionally, records do not indicate functional improvement with the use of this medication or other extenuating circumstances, which is necessary for medication usage in excess of guidelines recommendations. As such, the request for Retrospective Methocarbamol 750mg #30 with 2 refills (8/11/15) is not medically necessary.

Retrospective Nabumetone 750mg #60 with 2 refills (8/11/15): 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): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steriodal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: MTUS and ODG state regarding NSAIDs for osteoarthritis, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." For acute back pain, "Recommended as a second-line treatment after acetaminophen." For chronic back pain, "Recommended as an option for short-term symptomatic relief." For neuropathic pain, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS 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)". The medical records do not indicate any significant improvement in pain, quality of life, or functionality. The patient has been prescribed Nabumetone in excess of what would be considered short-term therapy. The treating physician has not provided justification to exceed MTUS guidelines. As such, the request for Retrospective Nabumetone 750mg #60 with 2 refills (8/11/15) is not medically necessary.