MAXIMUS Federal Services

Case Number:	CM15-0198410		
Date Assigned:	10/13/2015	Date of Injury:	07/03/2014
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 3, 2014.In a Utilization Review report dated December 30, 2015, the claims administrator failed to approve requests for Relafen and Ultracet. The claims administrator referenced a September 23, 2015 appeal letter in its determination. The applicant's attorney subsequently appealed. On September 14, 2015, the applicant was given a refill of Ultracet and kept off of work until the next appointment. The applicant's complete medication list included meclizine, Remeron, Relafen, Topamax, Ultracet, and Butrans, the treating provider reported. The note was highly templated and contained little seeming discussion of medication efficacy. On July 1, 2015, the applicant reported going issues with chronic neck pain, low back pain and headaches. The applicant had developed derivative complaints of depression and dizziness, it was reported. The applicant was kept off of work. The applicant's medications included Remeron, Relafen, Topamax, and Ultracet. Little seeming discussion of medication efficacy transpired at this point. On a five-page appeal letter dated August 5, 2015, the attending provider appealed previous denials of Ultracet and meclizine. On June 5, 2015, the applicant reported ongoing complaints of low back pain. Sitting remained problematic, it was reported. The applicant was receiving acupuncture and psychological counseling, it was reported. The applicant also reported headaches. The applicant was pending an epidural block, it was reported. The applicant was kept off of work, on total temporary disability. The applicant's medication list included Ultracet,

Topamax, Relafen, Remeron, and meclizine, many of which were renewed and/or continued. Once again, no seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5-325mg QTY: 90 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Ultracet, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and /or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on multiple progress notes referenced above throughout 2015. No seeming discussion of medication efficacy transpired on the September 14, 2015 refill encounter. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Ultracet usage on that date. Therefore, the request was not medically necessary.

Nabumetone 500mg QTY: 90 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for nabumetone (Relafen), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as nabumetone (Relafen) do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, the September 14, 2015 refill encounter did not seemingly incorporate any discussion of medication efficacy. The fact that the applicant remained off of work, on total temporary

disability, coupled with the fact that ongoing usage of Relafen failed to curtail the applicant's dependence on opioid agents such as Ultracet and Butrans, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.