

Case Number:	CM15-0029073		
Date Assigned:	02/23/2015	Date of Injury:	02/18/2008
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 45-year-old who has filed a claim for chronic low back and knee pain with derivative complaints of anxiety, depression, and weight gain reportedly associated with an industrial injury of May 18, 2006. In a utilization review report dated February 2, 2015, the claims administrator failed to approve a request for Norco and Relafen reportedly dispensed on or around January 16, 2015. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant presented with worsening low back and knee pain. A total knee arthroplasty was endorsed to address reportedly advanced knee arthritis. On January 16, 2015, the applicant reported 8/10 low back and knee pain with pain medications versus 9-10/10 without medications. The applicant stated that the activities of daily living as basic as standing and/or walking were problematic. The applicant was using Norco twice daily, Prilosec, tizanidine, and Relafen, it was stated. The applicant did have issues with reflux. The applicant was placed off work, on total temporary disability, while multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 1/325mg, 1 tab 3 times daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting 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, the applicant was/is off work, on total temporary disability. The applicant continued to report pain complaints as high as 8/10, despite ongoing Norco usage. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Retro Nabumetone 750mg, 1 tab twice daily #60, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 22.

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, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off work, on total temporary disability, despite ongoing usage of nabumetone (Relafen). Ongoing use of nabumetone (Relafen) had failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of nabumetone (Relafen). Therefore, the request was not medically necessary.