

<b>Case Number:</b>	CM15-0217566		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 6, 2008. In a Utilization Review report dated October 22, 2015, the claims administrator failed to approve requests for Norflex (orphenadrine), nabumetone (Relafen), and Neurontin (gabapentin). The claims administrator referenced an October 9, 2015 office visit in its determination. The claims administrator contended that the applicant had off of work for years prior to the date in question. The applicant's attorney subsequently appealed. On said October 9, 2015 office visit, the applicant reported ongoing issues with low back pain radiating to the right leg. The applicant stated that his pain complaints were adversely impacting his quality of life. The applicant stated that he was lying down for much of the day. The applicant was not working and had not worked since August 2008, the treating provider reported. The applicant was using Norflex, Neurontin, Senna, Relafen, Ambien, and Cymbalta, the treating provider stated in various sections of the note, several of which were renewed and/or continued. Medial branch blocks were sought while the applicant's permanent work restrictions were renewed. The treating provider acknowledged that the applicant was not working with said limitations in place. The applicant was using cane to move about, treating provider acknowledged, and was having difficulty running errands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate 100mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** No, the request for orphenadrine (Norflex), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. Page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended with caution as a second line option to treat acute exacerbation of chronic low back pain. Here, however, the 120-tablet supply of orphenadrine (Norflex) at issue represented a chronic, long-term, and/or multiple times daily usage of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Nabumetone 750mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**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. Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen (nabumetone) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. 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, however, the applicant remained off of work, the treating provider acknowledged on October 9, 2015. The applicant had not worked in some 7 years, the treating provider noted on that date. The applicant is having difficulty performing activities as basic as standing and walking and is apparently using a cane to move about, the treating provider reported. The applicant was unable to run basic errands, the treating provider acknowledged, spending much of the day lying down secondary to suboptimally controlled pain. All of the foregoing, 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.

**Gabapentin 600mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Finally, the request gabapentin (Neurontin), an anti-convulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at "each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work, the treating provider reported on October 9, 2015. Permanent work restrictions were renewed on that date unchanged from prior visit. The applicant was not working with said limitations in place and had not worked in 7 years, the treating provider acknowledged. The applicant was having difficulty performing activities as basic as standing, walking, and doing household chores, the treating provider further reported and also stated that the applicant was spending much of the day lying in bed secondary to heightened pain complaints. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin (Neurontin). Therefore, the request was not medically necessary.