

Case Number:	CM14-0131557		
Date Assigned:	08/20/2014	Date of Injury:	01/22/2011
Decision Date:	10/20/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 27-year-old male who has submitted a claim for persistent left knee pain associated with an industrial injury date of 01/22/2011. Medical records from February 2014 to July 2014 were reviewed. The patient complained left knee pain, 5-6/10, which could go up to 7-8/10, and would decrease to 3/10 with Norco. Subjective complaints, including pain scores remained unchanged since February 2014. Patient likewise reported that medications allow him to carry out activities of daily living such as cooking, cleaning, laundering, self-hygiene, and able to walk as exercise. Patient also reported GI upset, controlled by Prilosec. Progress notes from 07/08/2014 cited that patient is not exhibiting any aberrant behaviors and UDS last March 2014 was consistent. Physical examination from latest progress notes showed tenderness throughout the left knee with full range of motion, no laxity, and mild crepitus. Treatment to date has included left knee arthroscopic surgery last 05/25/2011 and medications: Norco 10/325mg BID PRN, Relafen 750mg BID, and Prilosec 20mg BID, since at least February 2014. Utilization review from 07/31/2014 denied the request for Relafen 750mg #60 with 2 refills since medication requested failed to meet evidence-based guidelines. Norco 10/325mg #60 with 2 refills has been modified to Norco 10/325mg #30 since weaning schedule should be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO RELAFEN 750 PO #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) pages 67-68; Nabumetone (Relafen, generic availa.

Decision rationale: As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The lowest effective dose of nabumetone (Relafen) should be sought for each patient. Its use for moderate pain is off-label. In this case, Relafen intake was noted since at least February 2014, while the date of service for this retrospective request was 6/10/14. It was not clear when the patient actually started this medication. The medical records provided do not clearly reflect continued benefit from its use. There was also no evidence that the patient has failed to respond to lower doses. The guideline recommends nabumetone use at the lowest effective dose at the shortest period of time possible. The medical necessity for continued use of this medication was not established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, Relafen 750 PO #60 with 2 refills is not medically necessary.

RETRO NORCO 10/325 PO #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking Norco 10/325mg since at least February 2014, while the date of service for this retrospective request was 6/10/14. It was not clear when the patient started taking this medication. Medical records from February 2014 to July 2014 revealed pain 5-6/10 which could go up to 7-8/10, and would decrease to 3/10 with Norco. Patient was also able to perform activities of daily living and exercise with medication use. He did not exhibit any aberrant drug behaviors. He reported gastrointestinal upset from Relafen but Prilosec provided symptomatic relief. Guideline criteria for continuing opioid management have been met. Therefore, Norco 10/325mg #60 with 2 refills is medically necessary.