MAXIMUS Federal Services

Case Number:	CM15-0171976		
Date Assigned:	09/14/2015	Date of Injury:	07/03/2014
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male with a date of injury of July 3, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for post-concussion syndrome, headache, sprains and strains of the neck, and lumbar sprain and strain. Medical records dated August 12, 2015 indicate that the injured worker complains of lower back pain that intermittently radiates to the left leg, neck pain, insomnia, frequent sensations of dizziness, and headaches. Records also indicate the injured worker has difficulty with prolonged standing and sitting. A progress note dated July 28, 2015 notes subjective complaints that were similar to those on August 12, 2015. Per the treating physician (August 12, 2015), the injured worker was off duty from work. The physical exam dated August 12, 2105 reveals tenderness over the posterior cervical paraspinal muscles from C3 through C7 with guarding on both cervical extension and flexion, tenderness over the bilateral trapezii, tenderness to palpation of the lower lumbar paraspinal muscles from L3 through L5, and a grossly non-antalgic gait. The progress note dated July 28, 2015 shows physical findings similar to those on August 12, 2015. Treatment has included at least six sessions of acupuncture with a moderate reduction in pain, lumbar epidural steroid injection with a decrease in sciatica symptoms, medications (Nabumetone-relefan 500 mg, Tramadol-Acetaminophen 37.5-325mg, Mirtazapine 15 mg, and Topiramate-topamax 25 mg since at least February of 2015; Meclizine 12.5mg since at least March of 2015), magnetic resonance imaging of the lumbar spine (November 5, 2014) that showed disc bulges, left posterolateral annular fissure, mild foraminal stenosis, and congenitally small spinal canal, and magnetic resonance imaging of the cervical spine (January 6, 2015) that showed disc degeneration, disc protrusion, and left greater than right neuroforaminal narrowing. The original utilization review (August 20, 2015) non-certified a request for Nabumetone 500mg #90 with 3 refills and Ultracet 37.5-325mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg 1 tablet PO Q8H PRN #90 with 3 refills: Overturned

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): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects.

Decision rationale: The current request is for Nabumetone 500mg 1 tablet PO Q8H PRN #90 with 3 refills. Treatment has included acupuncture, lumbar epidural steroid injection with a decrease in sciatica symptoms, medications, and physical therapy. The patient remains off duty. MTUS, NSAIDs, specific drug list & adverse effects Section, pages 72 and 73 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)" MTUS, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Per report 06/05/15, the patient presents with chronic lower back, right knee and neck pain. The patient is in need of refill of Nabumetone. Without medications the patient notices and increase in pain and more difficulties with prolonged sitting. His current medications include Topamax, mirtazapine, Ultracet, Relafen and meclizine. On 04/01/15, the treater documented that with medications the patient's pain is reduced to 7/10 from 9/10. The patient has previously tried ibuprofen without much benefit, but finds Nabumetone helpful in reducing pain and increasing function. Given the conservative nature of this medication and documentation of medication efficacy, the continued use of this medication is reasonable and supported by guidelines. This request IS medically necessary.

Ultracet 37.5-325mg 1 tablet up to 3 times a day for pain, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Pain.

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

Decision rationale: The current request is for Ultracet 37.5-325mg 1 tablet up to 3 times a day for pain, #90 with 3 refills. Treatment has included acupuncture, lumbar epidural steroid injection with a decrease in sciatica symptoms, medications, and physical therapy. The patient remains off duty. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals

using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per report 06/05/15, the patient presents with chronic lower back, right knee and neck pain. The patient is in need of refill of Ultracet "which remains helpful in reducing his painful symptoms and he does not necessarily want to be on any stronger medications." Without medications he notices an increase in pain and more difficulties with prolonged sitting. His current medications include Topamax, mirtazapine, Ultracet, Relafen and meclizine. The patient's last UDS is from 10/22/14 which was consistent, and an opioid pain contract is on file. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement. MTUS requires that all the 4As be addressed for continued opiate use. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary and recommendation is for slow weaning per MTUS.