

Case Number:	CM15-0177908		
Date Assigned:	09/18/2015	Date of Injury:	02/08/2010
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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:

The injured worker is a 52 year old female, who sustained an industrial injury on 2-8-10. The injured worker was diagnosed as having chronic pain, pain in joint of the lower leg, pain in joint of the ankle or foot, and lumbar disc disorder. Treatment to date has included left knee surgery in April 2013, physical therapy, a functional restoration program, and medication. Physical examination findings on 7-30-15 included antalgic gait and normal muscle tone and strength in bilateral lower extremities. Sensation was decreased in the left L5 dermatome, a straight leg raise was positive on the left and spasm and guarding was noted in the lumbar spine. Tenderness over the ankle with edema and difficulty walking was also noted. The injured worker denied gastrointestinal symptoms. The injured worker had been taking Nabumetone and Pantoprazole since at least July 2015. The treating physician noted "she had analgesia, no aberrant drug behavior and no adverse effect from the medication. She does have improvement in her activities of daily living with the medication." Currently, the injured worker complains of back pain and left leg pain radiating down the lateral and posterior calf region. The treating physician requested authorization for Nabumetone 500mg #90 and Pantoprazole 20mg #60. On 8-11-15, the requests were non-certified. Regarding Nabumetone, the utilization review (UR) physician noted "the claimant has been taking this medication for a long time without any documentation of visual analogues scale scores or improved function." Regarding Pantoprazole, the UR physician noted "there is no documentation of gastrointestinal risk factors and other indications are not met either."

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500mg #90 Dos: 07/30/2015 day supply: 30: 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 patient presents with chronic low back pain, left knee and left foot/ankle pain. The request is for NABUMETONE-RELAFEN 500MG #90 DOS: 07/30/2015 DAY SUPPLY: 30. The request for authorization is dated 09/25/15. The patient is status post left knee arthroscopic surgery, 04/23/13. Physical examination reveals sensation is decreased in the dermatome left L5. Straight leg raise is positive on the left. Spasm and guarding is noted lumbar spine. Mild edema to the ankle. Tenderness over the ankle and she has difficulty walking. She has not had any significant improvements with conservative treatment provided including physical therapy and medication management. Patient is a graduate of the [REDACTED] functional restoration program. Patient's medications include Nabumetone, Pantoprazole, Trazodone, Tramadol, and Gabapentin. She had analgesia, no aberrant drug behavior, no adverse effect from the medication. She does have improvement with her activities of daily living with the medication. Per progress report dated 07/30/15, the patient is permanent and stationary. 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Per progress report dated 09/08/15, treater's reason for the request is "we do understand that long term use of Nabumetone is not supported by the guidelines. It is very common for chronic pain patients to have flare ups. The patient does not use this on a regular basis and uses a tablet intermittently only at the time of severe pain, as needed." Patient has been prescribed Nabumetone since at least 05/14/15. In this case, given patient's continued pain, diagnosis and documented functional benefit from this medication, the request appears reasonable and within MTUS guidelines indication. Therefore, the request IS medically necessary.

Pantoprazole-Protonix 20mg #60 Dos: 07/30/2015 day supply: 30: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with chronic low back pain, left knee and left foot/ankle pain. The request is for PANTOPRAZOLE-PROTONIX 20MG #60 DOS: 07/30/2015 DAY SUPPLY: 30. The request for authorization is dated 09/25/15. The patient is status post left knee arthroscopic surgery, 04/23/13. Physical examination reveals sensation is decreased in the dermatome left L5. Straight leg raise is positive on the left. Spasm and guarding is noted lumbar spine. Mild edema to the ankle. Tenderness over the ankle and she has difficulty walking. She has not had any significant improvements with conservative treatment provided including physical therapy and medication management. Patient is a graduate of the [REDACTED] functional restoration program. Patient's medications include Nabumetone, Pantoprazole, Trazodone, Tramadol, and Gabapentin. Per progress report dated 07/30/15, the patient is permanent and stationary. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 09/08/15, treater's reason for the request is please note that the patient does use Relafen for pain and inflammation with benefit; however, she does complain of stomach upset and acid reflux with the use of Relafen. The concurrent use of Protonix along with oral medications prevents the GI side-effects. Patient has been prescribed Pantoprazole since at least 05/14/15. Currently the patient is using Nabumetone, an NSAID, which has the propensity to cause GI side effects. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Treater has documented patient's GI risk assessment. The request for Pantoprazole appears reasonable and within MTUS guidelines indication. Therefore, the request IS medically necessary.