

Case Number:	CM15-0078068		
Date Assigned:	04/29/2015	Date of Injury:	09/28/2011
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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 47-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 28, 2011. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for Relafen and a urine drug screen. The claims administrator referenced a progress note of March 5, 2015 and an associated RFA form of March 16, 2015 in its determination. The applicant's attorney subsequently appealed. On December 2, 2014, the claims administrator approved request for Relafen and Norco. On February 12, 2014, the applicant was given permanent work restrictions owing to ongoing complaints of knee pain. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On September 18, 2014, the attending provider noted that the applicant was off of work, on total temporary disability. Relafen and Norco were renewed. Highly variable pain complaints ranging from 10/10 without medications to 2/10 with medications were reported. The applicant was using Norco at a rate of five times a day, it was acknowledged. On January 8, 2015, the applicant again reported 2/10 knee pain with medications versus 10/10 without medications. The applicant was still having difficulty performing activities as basic as standing and walking, it was acknowledged. The applicant was using a cane to move about. Norco and Relafen were endorsed. The applicant was having difficulty sleeping. On March 12, 2015, the applicant again reported 10/10 knee pain without medications versus 2/10 pain with medications. The applicant was using a cane to move about and exhibited a visible limp in the clinic. Norco and Relafen were endorsed. The applicant's permanent work restrictions were renewed. It did not appear that

the applicant was working with said permanent limitations in place. In a February 5, 2015 medical-legal evaluation, the applicant stated that he was no longer able to walk, go to the flea market, grip, grasp, and/or lift to the same extent as in the past. The applicant stated that he had difficulty standing and walking without his cane. 5-7/10 pain complaints were noted. The applicant was using five tablets of Norco daily, the medical-legal evaluator reported. The applicant had not worked since the date of injury, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen, generic available) Page(s): 72.

Decision rationale: No, the request for Relafen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that nabumetone (Relafen) is indicated in the treatment of osteoarthritis, as was/is present here, this recommendation is, however, 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, however, both the applicant's attending provider and medical-legal evaluator reported on progress notes of early 2015 that the applicant was having difficulty performing activities of daily living as basic as standing and walking. The applicant was having difficulty moving about with any degree of facility, both the applicant's treating provider and medical-legal evaluator reported. Ongoing usage of Relafen had failed to curtail the applicant's dependence on Norco, which the applicant was using at a rate of five times daily, the treating provider reported. 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.

UA drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the

MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, furthermore, stipulate that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and categorize the applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly identify when the applicant was last tested. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, nor did the attending provider signal his intention to eschew confirmatory and/or quantitative testing here. It was not clearly stated what drug tests and/or drug panels were tested for. There was no attempt made to categorize the applicants into higher or lower-risk categories. Since several ODG Criteria for pursuit of drug testing were not met, the request was not medically necessary.