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| Case Number: | CM13-0039915 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/19/2006 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 10/03/2013 |
| Priority: | Standard | Application Received: | 10/28/2013 |

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 Family Practice, has a subspecialty in Pain Management 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:

A 65 yr. old male claimant sustained a work injury on 9/10/12 resulting in chronic neck and low back pain. An evaluation on 4/25/13 indicated the claimant had 5/10 cervical pain and 4/10 lumbar pain. The claimant had been on Nabumetone for pain. A more recent examination on 12/9/13 indicated the claimant was still taking Nabumetone and had 4/10 neck pain and 7/10 low back pain. The claimant had not received any epidural injections. The objective findings included: decreased range of motion along with pain in the neck and thoracolumbar region. Straight leg testing was positive consistent with findings of L5 radiculopathy. Topical analgesics were added at the time to alleviate the pain in the skin areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NABUMETONE 750MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: The Expert Reviewer's decision rationale: In this case, the claimant had been on Nabumetone for 8 months with no significant improvement in pain scale or

functionality. In addition, there is no documentation of failure of acetaminophen. Nabumetone is not medically necessary for chronic low back pain over the long-term as with this case.