

Case Number:	CM14-0006765		
Date Assigned:	04/30/2014	Date of Injury:	11/09/2004
Decision Date:	07/08/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/15/2014

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 Family Practice, and is licensed to practice in Texas. 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 injured worker is a 60 year old female who reported an injury on 11/09/2004 secondary to an unknown mechanism of injury. She underwent an unknown cervical spine surgery on 11/11/2009 and a right shoulder manipulation under anesthesia on 05/07/2009. The injured worker was evaluated on 08/26/2013 and reported 8/10 pain in the neck, low back, and bilateral shoulders. On physical examination, she was noted to exhibit active lumbar range of motion values of 10 degrees of extension and 42 degrees of flexion. In the right shoulder she was noted to exhibit 145 degrees of flexion and 140 degrees of abduction. In the left shoulder, she was noted to exhibit 140 degrees of flexion and 138 degrees of abduction. The injured worker was diagnosed with cervical disc disease, lumbar spine disc disease, left shoulder impingement, and bilateral shoulder rotator cuff syndrome. She was previously treated with three cortisone injections each to the cervical spine, lumbar spine, and bilateral shoulders according to the medical records submitted for review. A request for authorization was submitted for Nabumetone 750mg #90. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

NABUMETONE 750MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70-73.

Decision rationale: The request for Nabumetone 750mg #90 is not medically necessary. California MTUS Guidelines recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. The injured worker was noted to have been treated with Nabumetone since at least 04/08/2013. Since that time, her pain has increased from 6/10 to 8/10, and the range of motion values in both shoulders have decreased according to the most recent evaluation. These findings indicate that this medication has been ineffective for pain relief and functional improvement. Therefore, the lack of progression toward patient treatment goals does not warrant continued use of this medications. As such, the request for Nabumetone 750mg #90 is not medically necessary.