

Case Number:	CM14-0100618		
Date Assigned:	07/30/2014	Date of Injury:	02/05/2014
Decision Date:	10/14/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, 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:

The injured worker is a 35 year old male who had work a related injury on 02/05/14. He stepped in a hole while gardening, twisting and inverting his left foot and ankle. X-rays were taken, no osseous injury. He denied hearing a pop, however stated there was pain. He was started on physical therapy because of lack of improvement. MRI of left foot without contrast dated 04/10/14 there was no definite evidence of an acute trabecular bone injury/fracture of the visualized osseous structure of the left foot. There was no significant edema within tibial or fibular sesamoid bones to suggest MRI evidence of sesamoiditis. Lisfranc ligament was intact. Prominent thickening and signal abnormality involving the medial and lateral wings of the second plantar plate. Findings were consistent with probable chronic/old partial tears of the plantar plate with reparative scarring/fibrosis. Some subtle edema associated with medial wing of second plantar plate and element of mild ongoing acuity could not be excluded. Correlated with point tenderness in this region, but MRI findings were more consistent with chronic/old injury. Most recent clinical documentation submitted for review dated 04/08/14 was a handwritten note. The injured worker was a little bit better; he had intermittent discomfort which was dull ache. The pain was located on the left side of the foot with numbness and tingling. Pain radiated to the lower extremity. He was unable to bear weight or climb stairs and stand for prolong periods of time due to swelling in sole of his foot particularly the toes. On examination there was joint swelling, stiffness, and tenderness of the left ankle, and weakness of the left lower extremity. He had antalgic gait favoring the left. He was diagnosed with sprain of ankle and foot. Prior utilization review on 06/18/14 was denied. Current request was for Relafen 750mg tablets #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 mg tablets #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.