

<b>Case Number:</b>	CM14-0109429		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and 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 63-year-old female who reported an injury on 06/22/2010 due to a fall. Diagnoses were status post fall with closed head injury and vertigo, status post fall with vertigo that caused a fracture of the distal ulna, C2-7 disc bulges with right chronic C6 radicular pain. Treatment plan was to see a neurologist. Diagnostic studies were x-ray, and CT of the cervical spine, MRI cervical spine, EMG and NCV. The EMG showed results of right sided carpal tunnel syndrome and borderline right sided ulnar neuropathy of the elbow. The MRI revealed multilevel degenerative changes that were mostly mild to moderate, but with evidence of severe neural foraminal narrowing at the C5-6 level on the right side. Surgical history was not reported. Physical examination on 04/03/2014 revealed complaints of neck pain rated at 9/10. Also, there were complaints of right 2nd through 5th digit numbness that occurred frequently. Examination of the cervical spine revealed cervical flexion was to 40 degrees, extension was to 20 degrees and pain free. Medications were Norco 10/325 mg 4 times a day, nabumetone 550 mg twice a day. Treatment plan was to get urine toxicology and continue medications as directed. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009 Opioids criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

**Decision rationale:** The request for Norco 10/325 mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the four As including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The efficacy of this medication was not reported. The request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Nabumetone 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

**Decision rationale:** The request for Nabumetone 550 mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient's treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. Also, the request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.