

Case Number:	CM14-0116931		
Date Assigned:	08/04/2014	Date of Injury:	03/16/2010
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 57-year-old male who reported an injury on 03/16/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his cervical spine. The injured worker's treatment history included medications, physical therapy and chiropractic care. The injured worker was evaluated on 07/10/2014. It was noted that the injured worker complained of 10/10 pain without medications which decreased to a 1/10 to 3/10 due to the use of Gabapentin. It was noted that if the injured worker missed a dose of Relafen he would experience increased back spasms and muscle stiffness. It was noted that the injured worker had 1/10 to 3/10 with Relafen that increased to a 10/10 pain without Relafen. It was noted that the injured worker's medications allow for better function, and daily performance of routine activities of daily living. The injured worker's medications included tramadol hydrochloride, gabapentin, nabumetone, aspirin, Lipitor, and Pepcid. Physical findings included restricted range of motion secondary to pain with a negative Spurling sign and cervical facet tenderness at the C5, C6 and C7 levels. The injured worker's diagnoses included cervical facet syndrome, cervical pain, cervical disc disorder, and occipital neuralgia. The injured worker's treatment plan included continuation of medications and participation in a home exercise program. A Request for Authorization for gabapentin and nabumetone was submitted on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

#30 Nabumetone 500MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 77 Page(s): 77.

Decision rationale: The requested #30 nabumetone 500 mg is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has significant pain relief and functional benefit resulting from this medication. However, California Medical Treatment Utilization Schedule does not support this medication as a first line nonsteroidal anti-inflammatory drug. The clinical documentation does not provide any evidence that the injured worker has failed to respond to first line nonsteroidal anti-inflammatory drugs and requires a second line treatment option. Furthermore, the request as it is submitted does not identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested #30 nabumetone 500 mg is not medically necessary or appropriate.