

Case Number:	CM14-0132913		
Date Assigned:	09/18/2014	Date of Injury:	11/30/2008
Decision Date:	12/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/17/2014

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 Internal Medicine, 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 (IW) is a 27-year-old man with a date of injury of November 3, 2008 resulting in chronic lumbar backache, bilateral lower extremity radiculopathy pain, and recurrent myofascial strain with reactive anxiety and depression. Lumbar MRI in 2012 revealed L5-S1 disc herniation and retrolisthesis. Pursuant to the most recent progress note dated July 28, 2014, there were no subjective complaints noted. Physical examination revealed tenderness of the paraspinals. Supine straight leg raise test was negative. There was tenderness of the inferior pole patella of the left knee. McMurray's test is positive. Apley's compression test is positive. Neurologic: Right and left ankle reflexes are within normal limits. The IW is able to walk on toes and heels. Static balance is normal. Dynamic balance is normal. Gait is normal. The IW has been diagnosed with depressive disorder, displacement of lumbar intervertebral disc without myelopathy, and chronic pain syndrome. Current medications include Nabumetone 750mg, Tramadol 50mg, and Trazadone 100mg. Documentation indicated that the IW has been on the aforementioned medications since at least May of 2014. Treatment plan recommendations include functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Specific recommenda.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nabumetone 750 mg is not medically necessary. Nabumetone is a non-steroidal anti-inflammatory drug. Non-steroidal anti-inflammatory's are recommended at the lowest dose the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. Non-steroidal anti-inflammatory's are not without side effects. There is potential for both gastrointestinal events and cardiovascular events. In this case, the injured worker has been taking Nabumetone for prolonged period of time. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. A progress note dated May 22, 2014 indicates the injured worker was taking Nabumetone at that time. It is unclear whether the injured worker was taking this medication prior to that. Additionally, there is no documentation as to the degree of objective functional improvement while taking this medication. Consequently, absent the appropriate documentation, Nabumetone 750 mg is not medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER; generic available):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should be in the record. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase will function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, a prescription for tramadol was noted in a progress note dated May 22, 2014. There was no subsequent documentation indicating pain assessments, risk profile or objective functional improvement. Consequently, absent the appropriate documentation, tramadol 50 mg is not medically necessary.