

Case Number:	CM14-0155552		
Date Assigned:	09/25/2014	Date of Injury:	05/18/1998
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Illinois. 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 65-year-old female with a reported date of injury on 05/18/1998. The mechanism of injury was not noted in the records. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, and rotator cuff tear. The past treatments included pain medication and physical therapy. There was no diagnostic imaging provided for review. There was no relevant surgical history documented in the records. The subjective complaints on 08/27/2014 included back, leg, and hip pain that was rated 9/10. The physical examination findings noted decreased range of motion to the lumbar spine, tenderness over the right low back, and strength to all bilateral lower extremities is 5/5. The medications included duloxetine 30 mg a day, Nabumetone 500 mg in the morning and 1000 mg in the evening, Voltaren gel every day on her shoulder, Lidoderm every day on her back, diazepam 5 mg at bedtime, and Norco. The treatment plan was to continue to refill medications. A request was received for Lidoderm every day, Nabumetone 500 mg in the morning and 100 mg in the evening, quantity not stated, and Voltaren gel every day. The rationale was to decrease pain and inflammation. The Request for Authorization Form was dated on 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg in the AM and 100mg in the PM (quantity not stated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Nabumetone 500 mg in the AM and 100 mg in the PM (quantity not stated) is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. The guidelines also state that they are recommended as a second line treatment after acetaminophen. There is no evidence of long term effectiveness for pain or function. The notes indicate that the patient has been on Nabumetone since at least 06/25/2014. As NSAIDs are recommended for short term use and not for long term use, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.