

Case Number:	CM14-0070367		
Date Assigned:	07/14/2014	Date of Injury:	09/21/2010
Decision Date:	08/21/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational 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:

According to the records made available for review, this is a 37-year-old female with a 9/21/10 date of injury. At the time (5/8/14) of the Decision for Retrospective Nabumetone 500mg from 3/4/2014 , there is documentation of subjective (continued low back pain radiating to both legs) and objective (not specified) findings, current diagnoses (lumbar disc disease), and treatment to date (medications (including ongoing treatment with Nabumetone)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nabumetone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nabumetone 500mg DOS: 3/4/214: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of

NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc disease. In addition, there is documentation of pain and ongoing treatment with Nabumetone. However, there is no documentation of functional benefit or improvement as in a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nabumetone use to date. Based on the guidelines, and a review of the evidence, the request for Retrospective Nabumetone 500mg DOS: 3/4/2014 is not medically necessary.