

Case Number:	CM14-0075873		
Date Assigned:	07/16/2014	Date of Injury:	04/06/2005
Decision Date:	10/01/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/23/2014

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 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:

The patient is a 65-year-old female who sustained an industrial injury on 04/06/05. She has chronic cervicgia, bilateral predominant right upper extremity neuropathic sympathetically mediated pain with recurrent myofascial strain. She has increasing numbness and pain in the right hand and on exam she has distinct rubor as well as swelling in the bilateral hands. There is positive Tinel's over the right greater than the left wrist and forward flexion of the shoulders is 90 degrees. She was diagnosed with complex regional pain syndrome of the right upper extremity type-II and has undergone right shoulder arthroscopy and decompression. She also has right lateral epicondylitis and right wrist carpal tunnel syndrome. She has declined physical therapy and feels that the medications allow her to perform her activities of daily living. She has dependence on medications including MS-Contin opioid; it is indicated that the treating provider was contemplating tapering down her opioid medications. She is also on numerous other medications along with Nabumetone 500mg bid which she takes for inflammatory pain and it works very well for the patient. On 4/3/14, [REDACTED] documented that she agreed to change her from Nabumetone to a longer-acting NSAID and so put her on Naprelan; however, this has been non-certified, therefore, she put her back on the Nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level of function with continuous use. In the absence of objective functional improvement, the medical necessity for Nabumetone has not been established. Therefore, the request for Nabumetone 500mg, #60 is not medically necessary and appropriate.