MAXIMUS Federal Services

Case Number:	CM14-0187042		
Date Assigned:	11/14/2014	Date of Injury:	08/15/2014
Decision Date:	02/04/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 8/15/14. A utilization review determination dated 10/9/14 recommends non-certification of nabumetone, gabapentin, and a UDS. 10/13/14 medical report identifies pain in the entire right upper extremity 7/10. Previous physical exam findings consisted of tenderness. The patient was utilizing ibuprofen without much relief and nabumetone was substituted. Regarding gabapentin, the provider notes that there is numbness, tingling, and subjective weakness. The provider mentioned a positive Adson's sign and a suspected thoracic outlet syndrome. The provider noted that the patient was seen for an initial visit on 10/1/14 and UDS was performed. This was positive for multiple substances including amphetamines, cannabinoids, and tricyclics. Therefore, no controlled substances were prescribed and the patient was counseled on the results. The request was retrospective for the 10/1/14 UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone Relafen 500mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for nabumetone, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider noted that prior use of another NSAID was not effective, so it was discontinued and replaced by nabumetone. A trial of this medication appears appropriate, although ongoing use will require ongoing evidence of quantified pain relief and objective functional improvement. In light of the above, the currently requested nabumetone is medically necessary.