

Case Number:	CM14-0187419		
Date Assigned:	11/17/2014	Date of Injury:	02/05/2014
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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, 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 male patient with the date of injury of February 5, 2014. A utilization review determination dated October 16, 2014 recommends non-certification of Nabumetone 750 mg 1 tab TID #60 with 2 refills, the request was modified to Nabumetone 750mg 1 tab BID #60 with 2 refills. A progress note dated October 8, 2014 identifies subjective complaints of left foot and ankle pain. The physical examination identifies that the patient is ambulatory with a very antalgic gait pattern with significant difficulty weight-bearing on the left leg. There is notated discoloration of the skin in the left lower leg and foot in comparison to the right and there is hyperesthesia to pin prick in the left lower extremity. Range of motion of the left ankle is reduced in comparison to the right. The diagnoses include sprain of ankle and/or foot, chronic pain syndrome, and reflex sympathetic dystrophy of lower extremity. The treatment plan recommends Tramadol 50 mg #30 with 1 refill and Nabumetone 750 mg twice a day #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg 1 tab TID #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

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

Decision rationale: Regarding the request for Nabumetone 750mg 1 tab TID #60 with 2 refills. 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, there is no indication that Nabumetone is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Nabumetone 750mg 1 tab TID #60 with 2 refills is not medically necessary.