

Case Number:	CM14-0187687		
Date Assigned:	11/17/2014	Date of Injury:	12/26/2002
Decision Date:	01/06/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/11/2014

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 Family Practice, 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:

59 yr. old male claimant sustained a work injury on 12/26/02 involving the neck, wrist and back. He was diagnosed with cervicalgia, thoracic radiculitis and wrist pain. A progress note on 4/30/14 indicated the claimant had increasing cramping in his left leg. He was denied Flexeril previously. He continues to have low back pain. He had been on Voltaren gel, Soma, Norco and Nabumetone for pain relief. Exam findings were notable for tenderness in the back, decreased range of motion and positive facet loading. A progress note on 10/15/14 indicated the claimant had 7/10 pain. Exam findings were unchanged. He remained on the Nabumetone, Norco and topical Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated at 1st line therapy for neuropathic pain, and chronic

back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for over 7 months without significant improvement in pain or function. The continued use of Norco is not medically necessary.

Nabumetone 750mg # 60 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pan (Chronic)

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

Decision rationale: According to the guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. NSAIDs such as Nabumetone are not superior to Tylenol. In this case, there was no indication of Tylenol failure. There was no significant improvement in pain or function over long-term use of Nabumetone. Chronic use is not recommended. The continued use of Nabumetone is not medically necessary.