

Case Number:	CM14-0198867		
Date Assigned:	12/09/2014	Date of Injury:	10/06/2005
Decision Date:	01/22/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 man injured worker who sustained a work-related injury on October 6, 2005. Subsequently, the patient developed a chronic back and right shoulder pain for which he was treated with the shoulder surgery, physical therapy, acupuncture, lumbar facet injection and pain medications. The patient continued to complain of ongoing back pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, decreased sensation in the left S1 dermatome and positive straight leg raising. The provider requested authorization for Nabumetone/Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone/Relafen 500 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Section.

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

Decision rationale: According to MTUS guidelines, NSAIDs are recommended for spine, knee and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case the request was for Nabumetone/Relafen which does not comply with MTUS

guidelines for the use of NSAIDs for short period of time. There is no documentation of pain and functional improvement with previous use of Nabumetone/Relafen. In addition there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Nabumetone/Relafen 500 mg, sixty count is not medically necessary.