

Case Number:	CM14-0211813		
Date Assigned:	12/24/2014	Date of Injury:	01/26/2010
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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:

56 yr. old female claimant sustained a work injury on 1/26/10 involving the neck, wrists, and low back. She was diagnosed with carpal tunnel syndrome, cervical radiculitis, and shoulder impingement. A progress note on 7/2/14 indicated the claimant had in the shoulder and neck with movements. Exam findings were notable for decreased range of motion of the neck to the right. She was treated with Norco and Relafen. A progress note on 11/6/14 indicated the claimant had a painful neck, and right shoulder. Exam findings were notable for decreased range of motion of the neck and shoulder. Prior MRI of the neck was unremarkable. She was treated with Nabumetone, Hydrocodone and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg Qty. 60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. NSAIDs are recommended as a second-line treatment after

acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. There was no indication of Tylenol failure. There was no indication for combining it with an opioid. Response to specific pain medication cannot be predicted with multiple classes of analgesics. Nabumetone is not medically necessary.