

Case Number:	CM15-0004120		
Date Assigned:	01/15/2015	Date of Injury:	01/01/2004
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 52-year-old female who reported an injury on 01/01/2004. The mechanism of injury involved a fall. The current diagnoses include rule out lumbar disc herniation with lumbar radiculitis and bilateral knee pain. The latest physician progress report submitted for review was documented on 12/10/2014. The injured worker presented with complaints of right knee and low back pain. The injured worker indicated that the current medication regimen was no longer providing adequate analgesia. The injured worker was utilizing tramadol and nabumetome as well as gabapentin for neuropathic pain. Upon examination, there was normal muscle tone without atrophy in the bilateral upper and lower extremities with spasm and guarding in the lumbar spine. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #60, BID (Retro Auth): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68 & 78.

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

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized the above medication since 09/2014. There was no documentation of objective functional improvement. The guidelines do not recommend long term use of NSAIDs. Given the above, the request is not medically appropriate.