

Case Number:	CM15-0008437		
Date Assigned:	01/23/2015	Date of Injury:	10/17/2003
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female who sustained a work related injury on October 17, 2003, suffering a back injury. She underwent a lumbar discectomy in August 2004 and had a spinal stimulator implanted in 2006. Treatment included muscle relaxants and physical therapy exercise. Currently, in November, 2014, the injured worker complains of ongoing back pain and medication management. On December 16, 2014, a request for a prescription of Relafen 750 milligrams #180 was non-certified by Utilization Review, noting California MTUS Guidelines and American College of Occupational and Environmental Medicine, Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain (Chronic); NSAIDs, specific drug list & adverse effects

Decision rationale: The injured worker sustained a work related injury. The medical records provided for review do not indicate a medical necessity for Relafen 750mg #180. Relafen (NABUMETONE), is a non-steroidal anti-inflammatory drug . The MTUS does not recommend Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. The requested treatment is not medically necessary.