

Case Number:	CM15-0106094		
Date Assigned:	06/12/2015	Date of Injury:	04/12/2006
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/02/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old male patient who sustained an industrial injury on 04/12/06. Current diagnoses include right shoulder rotator cuff tear, right acromioclavicular joint arthritis, and right shoulder impingement syndrome. Per the doctor's note dated 5/21/15, he had complaints of pain in the right shoulder. The physical examination revealed decreased range of motion and positive Impingement for the right shoulder. The medications list includes nabumetone and Tizanidine. He has had a MRI of the right shoulder dated 05/08/15, which showed tears of the right supraspinatus tendon and bursitis; EMG/NCS dated 2/26/2014 with normal findings. He has undergone right shoulder surgery. He has had physical therapy visits for this injury. The requested treatment is nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg quantity unknown: Overturned

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 Anti-inflammatory medications page 22; NSAIDs page 67 Nabumetone is a NSAID.

Decision rationale: CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has had chronic right shoulder pain with history of right shoulder surgery. Patient has had significant findings on physical examination-limited range of motion with positive Impingement for the right shoulder. NSAIDs are considered first line treatment for pain and inflammation. The request for Nabumetone 500mg quantity unknown is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.