

Case Number:	CM15-0131451		
Date Assigned:	07/17/2015	Date of Injury:	12/21/2011
Decision Date:	08/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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, New York, California
 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 21, 2011. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for nabumetone (Relafen). The claims administrator referenced multiple historical Utilization Review reports in its determination. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant reported ongoing complaints of low back and shoulder pain, highly variable, 1-8/10. Negotiating chairs and lifting remained problematic, it was reported. The applicant felt depressed and frustrated, it was reported. Relafen, Tylenol, Cymbalta, Protonix, and Colace were endorsed, along with a 25-pound lifting limitation. It was suggested that the applicant was not working, however, as the applicant reported issues with a financial crisis superimposed on ongoing issues of chronic pain and ancillary complaints of depression. Little-to-no discussion of medication efficacy transpired. In one section of the note, the attending provider stated that the applicant should discontinue Relafen as the applicant had been on the same for some time. On December 9, 2014, the applicant again reported 4-5/10 low back pain complaints. Sitting, descending stairs, lifting, and reaching overhead all remained problematic. The applicant had developed issues with depression secondary to financial distress, it was reported. Lumbar radiofrequency ablation procedure, Tylenol No. 3, Relafen, Protonix, Colace, Cymbalta, and a 25-pound lifting limitation were endorsed. Once again, it was suggested (but not clearly stated) that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: No, the request for nabumetone (Relafen), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen (nabumetone) do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary also made on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that long-term use may not be warranted and by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider did not reconcile his decision to continue prescribing Relafen with commentary made on January 8, 2015 to the effect that he suggested that the applicant discontinue Relafen on the grounds that the applicant had been using the same on a long-term basis. Progress notes of January 8, 2015 and December 9, 2014 likewise failed to incorporate any seeming discussion of medication efficacy. It did not appear that the applicant was working on both dates as the applicant reported complaints of financial stress. Ongoing usage of Relafen failed to curtail the applicant's dependence on Tylenol No. 3. The applicant continued to report difficulty performing activities of daily living as basic as sitting, negotiating stairs, lifting, etc., despite ongoing usage of Relafen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Relafen (nabumetone). Therefore, the request was not medically necessary.