

Case Number:	CM15-0133017		
Date Assigned:	07/21/2015	Date of Injury:	10/03/2012
Decision Date:	09/22/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York
 Certification(s)/Specialty: Internal 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 an industrial injury on 10/3/2012. The current diagnoses are multi-level disc herniations of the cervical spine with mild stenosis, facet arthropathy of the cervical spine, and cervical radiculopathy. According to the progress report dated 5/4/2015, the injured worker complains of neck pain. She describes her neck pain as a constant aching, stabbing, and burning sensation, equal across both sides, with extension into her bilateral shoulders. She reports having radiating numbness and tingling in her upper extremity and into all her digits. She continues to report pain in the right hand as if a needle is stabbing her. In addition, she continues to report frequent headaches associated with her neck pain. She states the headaches are located in the back of her head and travels down to the neck. She reports dizziness and increased blurred vision with these headaches. The pain is rated 7-8/10 on a subjective pain scale. The physical examination of the cervical spine reveals tenderness to palpation with spasms, restricted range of motion, diminished sensation to light touch and pinprick in the right C5, C6, C7, and C8 dermatomes, limited motor strength in the bilateral upper extremities due to pain, positive Spurling's test on the left, and positive facet provocation test bilaterally. The current medications are Tylenol #3, Prilosec, Relafen, and Ketoprofen cream. There is documentation of ongoing treatment with Nabumetone since at least 1/28/2015. Treatment to date has included medication management, MRI studies, chiropractic, acupuncture, home exercises, and electrodiagnostic testing. Work status was described as permanent and stationary. A request for Nabumetone has been submitted.

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 Page(s): 38.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Nabumetone (Relafen) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, there is documentation of ongoing treatment with Nabumetone since at least 1/28/2015. The guidelines recommend NSAIDs for short-term symptomatic relief; for this reason, continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Nabumetone is not medically necessary.