

Case Number:	CM15-0135974		
Date Assigned:	07/24/2015	Date of Injury:	06/09/2011
Decision Date:	09/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 6/9/2011. He reported continuous trauma of the low back, elbows and knees. The injured worker was diagnosed as having lumbago, internal derangement of knee. Treatment to date has included medications, electrodiagnostic studies, magnetic resonance imaging, and home exercise program. The request is for Nabumetone (Relafen) and Lansoprazole (Prevacid). On 1/21/2015, he complained of constant bilateral knee pain rated 7/10. He indicated his pain was unchanged. He also complained of low back pain that was unchanged and rated 8/10. Medications were refilled under separate cover letter. On 4/29/2015, he complained of constant bilateral knee pain with some swelling and buckling. He indicated his pain was unchanged from previously and rated his current pain as 7/10. He also complained of low back pain with radiation into the lower extremities. He indicated this pain to be unchanged and rated it an 8/10. The treatment plan included: refilling medications under a separate cover letter, scheduling a psychologist consultation and right knee surgery. The provider indicated that the medications help improve his activities of daily living and make it possible for him to continue working and/or maintain activities of daily living. On 5/22/2015, the provider's request for authorization indicated Prevacid was prescribed to protect the stomach and prevent any gastrointestinal complications, and Nabumetone was prescribed for inflammation and pain. On 6/10/2015, he complained of bilateral knee pain rated 7/10, and unchanged. He also complained of low back pain rated 8/10 and indicated to be unchanged. Medications were noted to be refilled under separate cover letter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68.

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

Decision rationale: This patient receives treatment for chronic knee and low back pain. This relates back to a work injury dated 06/09/2011. This review addresses a request for nabumetone, an NSAID. The patient's medical diagnoses include low back pain and internal knee derangement. Despite NSAIDs are recommended as one of the treatment options for the short-term management of low back pain. In the clinical setting of chronic low back pain, NSAIDs are best suited to treat exacerbations of chronic low back pain. Long-term NSAID use is associated with complications, which include delayed healing of soft tissues, GI bleeding, and exacerbations of chronic kidney disease and heart failure. Ongoing use of nabumetone is not medically indicated. Therefore, the request is not medically necessary.

Lansoprazole (Prevacid) delayed release 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risks Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient receives treatment for chronic knee and low back pain. This relates back to a work injury dated 06/09/2011. The patient's medical diagnoses include low back pain and internal knee derangement. This review addresses a request for Lansoprazole 30mg #120. Lansoprazole is a PPI. Lansoprazole is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Lansoprazole is not medically indicated. Therefore, the request is not medically necessary.