

Case Number:	CM15-0139236		
Date Assigned:	07/29/2015	Date of Injury:	11/16/2000
Decision Date:	09/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Physical Medicine & Rehabilitation

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 52-year-old male injured worker suffered an industrial injury on 11-16-2000. The diagnoses included lumbar hemilaminectomy, lumbar total disc replacement, and lumbar fusion with subsequent hardware removal, left hip bursitis and thoracic discopathy. The diagnostics included thoracic and lumbar magnetic resonance imaging. The treatment included spinal surgery and medications. On 4-16-2015 the treating provider reported constant severe pain in the thoracolumbar spine rated 7 out of 10 with occasional discomfort in the left hip rated 2 out of 10. On exam, there were spasms in the thoracolumbar region and tenderness in the left hip. It was not clear if the injured worker had returned to work. The requested treatments included Nabumetone and Lansoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATION Page(s): 22.

Decision rationale: The current request is for Nabumetone (Relafen) 750mg #120. The treatment included prior spinal surgery 05/06/11, physical therapy and medications. The patient is permanently partially disabled. MTUS chronic pain guidelines page 22 under ANTI-INFLAMMATORY MEDICATION, states: "Anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." On 4-16-2015 the treating provider reported constant severe pain in the thoracolumbar spine rated 7 out of 10 with occasional discomfort in the left hip rated 2 out of 10. On exam, there were spasms in the thoracolumbar region and tenderness in the left hip. This appears to be an initial request, as prior reports provide no discussion regarding Nabumetone. The treater states that Nabumetone is recommended for the patient's inflammation and pain. Given the patient's symptoms, the use of Nabumetone is supported by MTUS. This requested IS medically necessary.

Lansoprazole (Prevacid) 30mg #120: Overturned

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

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

Decision rationale: The current request is for Lansoprazole (Prevacid) 30mg #120. The treatment included prior spinal surgery 05/06/11, physical therapy and medications. The patient is permanently partially disabled. MTUS pg. 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." On 4-16-2015 the treating provider reported constant severe pain in the thoracolumbar spine rated 7 out of 10 with occasional discomfort in the left hip rated 2 out of 10. On exam, there were spasms in the thoracolumbar region and tenderness in the left hip. This appears to be an initial request, as prior reports provide no discussion regarding Prevacid. The treater states that Prevacid is to be used in conjunction with Nalfon for the patient has upset stomach and to prevent further GI complications. Given the patient's long-term use of Nalfon and GI symptoms, the use of this medication is warranted and supported by MTUS. This requested IS medically necessary.