

Case Number:	CM15-0184691		
Date Assigned:	10/01/2015	Date of Injury:	06/09/2004
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male sustained an industrial injury on 06/09/2004. Documentation indicated that the injured worker was receiving treatment for bilateral shoulder sprain and strain. Previous treatment included right shoulder superior labral anterior posterior repair and medications. In a progress note dated 3-11-13, the injured worker reported that overall his shoulder was "doing reasonably well". The injured worker's only complaint was that he had difficulty lying on his left side. The injured worker also had some cold sensitivity. The physician documented that the injured worker took Relafen on a regular basis, which relieved the effects of his injury and allowed him to function at his current level. The injured worker was given a refill with six-month supply. The physician indicated that the injured worker was being evaluated every six months. Appointments on 9-16-13 and 3-5-14 were cancelled. On 4-30-15, the injured worker returned for evaluation of bilateral shoulders. The injured worker reported that left shoulder pain was starting to recur. The physician noted that it was "quite painful at this point". The injured worker reported having difficulty sleeping due to pain and felt pain on a daily basis with activities of daily living. Physical exam was remarkable for tenderness to palpation over the biceps tendon and subcoracoid region. The injured worker was offered a steroid injection but wanted to think about it. The injured worker stated that he ran out of Nabumetone and that Nabumetone worked well. The injured worker wanted a six-month refill. A handwritten note dated 5-7-15 documented that a request for authorization was faxed for Nabumetone #360 and a second request for authorization was faxed for Nabumetone to be dispensed on 10-1-15. On 9-8-15, Utilization Review noncertified a request for Nabumetone 500mg #360 for six month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #360 for 6-month supply, to be dispensed 10/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in June 2004 and continues to be treated for bilateral shoulder pain. He has a history of a right shoulder arthroscopic subacromial decompression and labral repair. Medications include Relafen being taken on a regular basis and reported as alleviating the effects of his injury and enabling him to function. When seen, he was starting to have a recurrence of left shoulder pain. He was having difficulty sleeping. Physical examination findings included biceps tendon and subcoracoid region tenderness. A corticosteroid injection was offered but declined. He had run out of nabumetone and wanted to try a six months course of treatment. It had been working well. Nabumetone 500 mg #360 was prescribed. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen (nabumetone) of 2000 mg/day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations. The medication is working well and without side effects. However, a monthly supply with 5 refills would have been the appropriate prescription. Providing a six-month supply as a single prescription is not appropriate or medically necessary. Therefore, the request is not medically necessary.