

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0187188 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 04/13/2009 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/23/2015 |

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 Jersey, New York
 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 59 year old male who sustained an industrial injury on 4-13-09. The injured worker reported pain in the neck, back and bilateral shoulders. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar degenerative disc disease, chronic pain syndrome and right foot osteoarthritis. Medical records dated 8-19-15 indicate pain rated at 8 out of 10. Provider documentation dated 8-19-15 noted the work status as permanent and stationary. Treatment has included Norco since at least January of 2015, Temazepam since at least January of 2015, and status post cervical discectomy with fusion, nerve blocks, physical therapy, non-steroidal anti-inflammatory drugs, computed tomography, lumbar magnetic resonance imaging, and Nabumetone since at least July of 2015. Objective findings dated 8-19-15 were notable for tenderness to the trapezius, neck low back and right foot with positive drop test. The treating physician indicates that the urine drug testing result (June of 2015) showed no aberration. The original utilization review (9-2-15) denied a request for Nabumetone 500mg #60 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #60 with 4 refills: 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).

Decision rationale: The request for Nabumetone is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of back pain. There is no objective documentation of functional improvement. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. Therefore, the request is not medically necessary.