

Case Number:	CM15-0192548		
Date Assigned:	10/08/2015	Date of Injury:	06/05/2009
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina, Georgia

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:

This 49-year-old female sustained an industrial injury on 6-5-09. Documentation indicated that the injured worker was receiving treatment for cervical and lumbar intervertebral disc disorder with myelopathy, sciatica and carpal tunnel syndrome. Past medical history was significant for hiatal hernia, gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory medications, gastritis status post Helico Pylori treatment, constipation and diarrhea. Previous treatment included cervical fusion, physical therapy and medications. Magnetic resonance imaging lumbar spine (3-19-15) showed disc protrusion at L4-5 and L5-S1 with narrowing of the lateral recesses. In an internal medicine PR-2 dated 8-4-15, the injured worker reported improving acid reflux with medications. Physical exam was remarkable for soft abdomen without tenderness to palpation. The physician advised the injured worker to avoid non-steroidal anti-inflammatory medications and prescribed Carafate, Colace, Probiotics, Amitiza, Sentra PM and Zantac. In a PR-2 dated 9-4-15, the injured worker complained of pain to the wrists, hands, cervical spine, shoulders, back, buttocks, legs, ankles and feet associated with numbness and tingling, rated 3 to 6 out of 10 on the visual analog scale. The injured worker also complained of anxiety, stress and insomnia. Physical exam was remarkable for decreased range of motion to the cervical spine, lumbar spine and wrists. The treatment plan included a new prescription for Nabumetone for pain and inflammation and requesting electromyography and nerve conduction velocity test of bilateral lower extremities. On 9-15-15, Utilization Review noncertified a request for Nabumetone 750mg take 1-2 times a day as needed, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg take 1, 2 times a day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The claimant in this case has a history of gastroesophageal reflux disease associated with prior NSAID use. Her internal medicine physician has explicitly advised against future use of NSAIDs. Nabumetone 750 mg #60 is not medically necessary as she has an explicitly documented contraindication to its use.