

Case Number:	CM15-0196310		
Date Assigned:	10/12/2015	Date of Injury:	09/19/2008
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male, who sustained an industrial injury on 9-19-2008. The injured worker is undergoing treatment for: neck pain. On 7-30-15, he reported neck pain rated 4-5 out of 10 with medications and 7-8 out of 10 without medications. On 9-2-15, he reported neck pain rated 5-6 out of 10 at best, 10 out of 10 at worst and current 6-7 out of 10. He indicated without medications his pain would be 9 out of 10 and is decreased to 5-6 out of 10 with medications. Objective findings revealed a forward flexed posture, no swelling, neuro-sensory intact, spasms and tenderness noted to the paracervicals, decreased range of motion and left upper extremity strength are noted. There is no current report of constipation by the injured worker, and no documented physical examination of the gastrointestinal system. There is no discussion of adverse side effects. The treatment and diagnostic testing to date has included: ice, TENS, medications, multiple sessions of physical therapy, and home exercises, urine toxicology (4-16-15). Medications have included: Oxycontin, Norco, Gabapentin, Nabumetone, and Docusate. Current work status: temporarily totally disabled. The request for authorization is for: Nabumetone 750mg, one by mouth twice a day, refills 2, quantity 60; and Docusate 250mg, one by mouth twice a day, refills 2, quantity 60. The UR dated 9-11-2015: non-certified the requests for Nabumetone 750mg, one by mouth twice a day, refills 2, quantity 60; and Docusate 250mg, one by mouth twice a day, refills 2, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg 1 PO BID Refills: 2 #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, specific drug list & adverse effects.

Decision rationale: According to CA MTUS: "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)" In this case, the patient does not have a diagnosis of osteoarthritis and thus the patient does not meet CA MTUS guidelines for the use of nabumetone. Therefore, the request is not medically necessary.

Docusate 250mg 1 PO BID Refills: 2 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/colace-capsules?druglabelid=1023&id=4>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, opioid induced constipation treatment.

Decision rationale: CA MTUS/ACOEM is silent on the issue of stool softeners. According to the ODG Pain section, opioid induced constipation treatment, "If prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated." In this case, the patient has no ongoing needs for opioids. Therefore, the use of docusate in this case is not medically necessary.