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| Case Number: | CM15-0201362 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 12/03/2008 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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

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 31 year old male, who sustained an industrial injury on 12-3-08. The injured worker was diagnosed as having lumbar disc herniation and myofascial pain syndrome. Subjective findings (3-5-15, 6-4-15) indicated back pain, morning stiffness and muscle spasms. Objective findings (6-4-15) revealed full lumbar range of motion and tenderness to palpation in the left paravertebral muscles. As of the PR2 dated 9-2-15, the injured worker reports back pain, morning stiffness and muscle spasms. He rates his pain 3 out of 10 with medications and 6 out of 10 without medications. Objective findings include guarded and painful lumbar range of motion and tenderness to palpation in the left paravertebral muscles. The treating physician noted that the injured worker is working all day long, seven days a week in a seasonal job. Current medications include Ibuprofen, Tylenol and Nabumetone (since at least 3-5-15). Treatment to date has included a home exercise program and an EMG-NCS of the lumbar spine on 8-8-10 with normal results. The Utilization Review dated 9-28-15, non-certified the request for Nabumetone 750mg #60 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #60 with 1 refill: Overturned

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: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.