

Case Number:	CM15-0202618		
Date Assigned:	10/19/2015	Date of Injury:	09/16/2012
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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 70 year old female, who sustained an industrial injury on 9-16-2012. She reported injuries to the back and left arm from a fall. Diagnoses include lumbar disc displacement without myelopathy and pain in joint, forearm. Treatments to date include activity modification and medication therapy. On 9-16-15, she complained of ongoing pain in the left upper extremity, left wrist, low back and right lower extremity. There was report of increasing pain in the right knee and increased burning pain in the entire right lower extremity. Current medications included Gabapentin, Nabumetone, Orphenadrine, Pantoprazole, and Tramadol. The records indicated these medications had been prescribed for at least five months. Tramadol and Nabumetone were noted to decreased pain from 8 out of 10 VAS to 5 out of 10 VAS and "allow for better ambulation." The physical examination documented right knee tenderness with positive apprehension sign and McMurray test. There was decreased range of motion and decreased strength noted in the right lower extremity. The plan of care included ongoing medication management. The appeal requested authorization for retrospective review of Nabumetone-Relafen 500mg, one every twelve hours with food, #90, with date of service 9-16-15. The Utilization Review dated 10-7-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nabumetone-Relafen 500mg, take one every 12 hours with food/anti inflammatory quantity 90, DOS 9-16-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Official Disability Guidelines, Low Back, Lumbar and Thoracic.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects: Nabumetone (Relafen) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Use for moderate pain is considered off-label. There is lack of demonstration of functional improvement from the exam note from 9/16/15 or failure of first line analgesics. Therefore the request is not medically necessary.