

Case Number:	CM15-0206380		
Date Assigned:	10/23/2015	Date of Injury:	05/11/2012
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female who sustained an industrial injury on 9-21-15. She is permanent and stationary. The medical records indicate that the injured worker was being treated for pain in joint, pelvis, thigh; lumbosacral spondylosis; degeneration of the lumbar disc; long term use of meds. She currently (9-8-15) complains of a gradual increase in her low back and hip pain. The physical exam showed spasm and guarding of the lumbar spine. Her physical exam was unchanged from 4-29-15 through 9-8-15. Pain levels were not enumerated. She walks as regularly as she can, she has difficulty navigating stairs. Diagnostics include MRI of the left hip (3-20-13) showing bilateral trochanteric bursitis, tendinosis, partial tearing of the distal left gluteus minimus and medius tendons, labral degeneration; MRI of the lumbar spine showed neural foraminal stenosis left side. Treatments to date include medication: tramadol, naproxen, Voltaren Gel, cyclobenzaprine, nabumetone (since at least 4-19-15), Lidoderm 5% patch, omeprazole, tizanidine, valacyclovir, Wellbutrin; injection to hip without benefit; lumbar epidural steroid injection (7-24-13) with 50% pain reduction; home exercise. The request for authorization dated 9-14-15 was for nabumetone-Relafen 500mg #90. On 9-21-15 Utilization Review non-certified the request for nabumetone 500mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-relafen 500mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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

Decision rationale: The claimant sustained a work injury in May 2012 when she was walking backward and accidentally tripped and lost her balance. She nearly fell and had a twisting injury with left and mid lower back pain. An epidural injection in July 2014 provided a 50% decrease in pain. Treatments also included hip injections without benefit and completion of a functional restoration program. When seen, she wanted to continue with conservative management including medications and home exercises. She was having low back and hip pain. There had been no significant change in pain complaints. She was taking medications with benefit. Naproxen rather than nabumetone is referenced in error. Physical examination findings included moderate obesity. There was an antalgic gait. There was lumbar guarding with spasms. Medications being prescribed included nabumetone 500 mg every 12 hours #90. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen (nabumetone) of 2000 mg/day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medications are providing benefit. Continued prescribing is considered medically necessary.