

Case Number:	CM15-0207307		
Date Assigned:	11/20/2015	Date of Injury:	06/05/2014
Decision Date:	12/30/2015	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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 24 year old male, who sustained an industrial injury on 6-5-2014. Diagnoses include lumbar herniated nucleus pulposus and radiculopathy. Treatments to date include activity modification, physical therapy, chiropractic therapy, acupuncture treatment sessions, and OTC Advil since 4-16-15. On 8-20-15, he complained of ongoing low back pain with radiation to right lower extremity. A lumbar transforaminal epidural steroid injection provided on 6-16-15, was noted to provide no relief of symptoms. Pain was rated 4 out of 10 VAS on that date, and 6 out of 10 VAS on average. The physical examination documented lumbar tenderness on the left side, positive straight leg raise test on the right, and decreased sensation to right L5 and S1 dermatomes. The plan of care included a new prescription for Relafen 750mg, one every twelve hours, and Flexeril 7.5mg, one daily as needed for muscle spasms. The appeal requested authorization for Nabumetone 750mg #60. The Utilization Review dated 9-21-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines Chronic Pain Medical, Pain interventions and treatments Page 60 and 67 of 127. This claimant was injured in 2014 with a back injury. The patient has had over the counter Advil since April. The Relafen was a new prescription. The MTUS recommends NSAID medication such as Relafen for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.