MAXIMUS Federal Services

Case Number:	CM15-0021238		
Date Assigned:	02/10/2015	Date of Injury:	07/13/2005
Decision Date:	04/15/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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: Pennsylvania
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 54 year old male, who sustained an industrial injury on 7/13/2005. Currently, on 12/3/2014, he reported for re-evaluation of back pain and left leg pain that is well controlled on his current medication regimen, and stating no change in symptoms. The injured worker was diagnosed with, and/or impressions were noted to include, chronic back pain with left radicular leg pain. Treatments to date have included consultations, diagnostic magnetic resonance imaging (9/25/08); lumbar fusion and laminectomy surgery, 3/29/12, for failed total disc replacement; intermittent home exercises; and an effective medication management regimen. The history notes a previous injury on 11/15/1994, involving the lumbar spine and history of chronic degenerative disc disease with intermittent left radicular pain, for which he takes Norco 6-7 x a day; he is noted to be able to work full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nambumetone 750MG #60 WITH 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Nonsteroidal anti-inflammatory drugs such as nambumetone may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record does not indicate a trial of acetaminophen. Although the short-term use of nambumetone for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would is not appropriate.