

Case Number:	CM15-0029030		
Date Assigned:	02/23/2015	Date of Injury:	01/01/2004
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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, New York, 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 applicant is a represented 52-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 17, 2014. In a Utilization Review Report dated January 30, 2015, the claims administrator failed to approve a request for nabumetone (Relafen). The claims administrator referenced an earlier Utilization Review denial of December 31, 2014. The claims administrator also referenced a January 7, 2015 progress note in the determination. The applicant's attorney subsequently appealed. On February 20, 2015, the attending provider appealed previously denied nabumetone (Relafen). The attending provider stated that the applicant was using Relafen on as-needed basis. The applicant was working regular duty, the treating provider acknowledged, despite ongoing complaints of knee and leg pain. The applicant was status post multiple arthroscopic knee surgeries, it was acknowledged, and had apparently developed issues with postoperative arthritis of the knee. The attending provider reiterated that the applicant's ability to stand, walk, and/or maintain full-time work status had been affected as a result of ongoing nabumetone (Relafen) usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen, generic available) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 72 of 127.

Decision rationale: Yes, the request for nabumetone (Relafen) was medically necessary, medically appropriate, and indicated here. As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, nabumetone (Relafen) is indicated in the treatment of knee arthritis. Here, the applicant does have ongoing issues with knee arthritis status post multiple prior knee surgeries. The attending provider has established that ongoing usage of nabumetone (Relafen) has been beneficial, has facilitated the applicant's returning to and/or maintaining full-time work status, and has facilitated the applicant's ability to stand, walk, and perform other activities of daily living. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.