

Case Number:	CM15-0215735		
Date Assigned:	11/05/2015	Date of Injury:	10/26/2009
Decision Date:	12/23/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 36 year old individual who sustained an industrial injury on 10-26-09. Medical records indicate that the injured worker has been treated for lumbar spine pain with radiculitis. The injured worker currently (9-18-15) complains of lumbar spine pain and tingling radiating to left lower extremity with a pain level of 8 out of 10. Progress note dated 6-19-14 indicated pain levels of 7 out of 10 for mid-back, 5 out of 10 for neck and 8 out of 10 for low back. Treatments to date include medication: Norco. The request for authorization dated 9-18-15 was for nabumetone 500mg #60; diclofenac 100mg #30. There was no documentation present that the injured worker has been on nabumetone and diclofenac in the past. On 10-26-09, Utilization Review non-certified the request for nabumetone 500mg #60; diclofenac 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500 MG #60: Upheld

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

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

Decision rationale: Nabumetone is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case, the request for nabumetone is submitted with a second NSAID medication, diclofenac. This is duplication of medication and increased the risk of adverse effects. The request is not medically necessary.

Diclofenac 100 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, diclofenac.

Decision rationale: Diclofenac is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis, it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx). This is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. In addition the request for diclofenac is submitted with a second NSAID medication, Nabumetone . This is duplication of medication and increased the risk of adverse effects. The request is not medically necessary.