

Case Number:	CM15-0219289		
Date Assigned:	11/12/2015	Date of Injury:	06/15/2015
Decision Date:	12/29/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of June 15, 2015. In a Utilization Review report dated October 21, 2015, the claims administrator failed to approve requests for nabumetone and omeprazole. The claims administrator referenced an October 8, 2015 work status report in its determination. The applicant's attorney subsequently appealed. On an office visit of October 8, 2015, the applicant reported ongoing issues with wrist and shoulder pain reportedly attributed to cumulative trauma. The applicant was not working and was receiving State Disability Insurance (SDI) benefits, the treating provider reported. 12 sessions of physical therapy, an unnamed anti-inflammatory medication, and an unnamed anti-gastritis medication were endorsed. The applicant was apparently off of work from a mental health perspective, the treating provider noted. On a prior office visit of September 1, 2015, the applicant's former treating provider noted that the applicant denied any issues with reflux or indigestion. Medication selection and medication efficacy were not seemingly discussed or detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (unspecified dosage and quantity): 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): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for nabumetone (Relafen), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that anti-inflammatory medications such as nabumetone (Relafen) do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should be "knowledgeable" regarding prescribing information. Here, the attending provider's October 8, 2015 progress did not allude to or reference Relafen (nabumetone) by name on a 10-page report of that date. It did not appear that the attending provider was particularly knowledgeable regarding prescribing information, prescription strength or prescription dosage insofar as Relafen was concerned. Therefore, the request is not medically necessary.

Omeprazole (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand alone, on progress notes of October 8, 2015 or September 1, 2015. Therefore, the request is not medically necessary.