

Case Number:	CM15-0222947		
Date Assigned:	11/18/2015	Date of Injury:	08/28/2010
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/12/2015

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: California
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 47 year old female, who sustained an industrial injury on 8-28-10. The injured worker has complaints of depressive disorder; psychophysiologic disorder; chronic pain syndrome and displacement of lumbar intervertebral disc without myelopathy. The injured worker has chronic lower back pain with radicular symptoms into the leg. There is sensory deficit in the right leg as well as weakness throughout the right leg. There is paraspinous spasming on the right side of the lower back. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and chronic pain syndrome. Treatment to date has included home exercise program that includes walking and doing yoga exercises. Medications were listed as bystolic; citalopram; levothyroxine; vugdalic, Indira; iosartan and nabumetone. The original utilization review (10-13-15) non-certified the request for nabumetone 500mg, #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg, #30 with 2 refills: 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: The requested Nabumetone 500mg, #30 with 2 refills, is not medically necessary. California's Division of Workers' Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has back pain with radicular symptoms into the leg. There is sensory deficit in the right leg as well as weakness throughout the right leg. There is paraspinal spasm on the right side of the lower back. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Nabumetone 500mg, #30 with 2 refills is not medically necessary.