

Case Number:	CM15-0041826		
Date Assigned:	03/12/2015	Date of Injury:	01/19/2010
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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 injured worker is a 53 year old female, who sustained an industrial injury on January 19, 2010. She reported slipping and falling on a concrete floor. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, pain in shoulder joint, pain in pelvis/thigh joint, and depression with anxiety. Treatment to date has included epidural steroid injection (ESI), MRI of the lumbar spine, electromyography (EMG) of the upper extremity, MRI of the left shoulder, and medication. Currently, the injured worker complains of chronic neck, back, left shoulder, bilateral wrist, and left knee pain. The Treating Physician's report dated February 10, 2015, noted the injured worker with continued low back pain with radiation of numbness down the posterolateral aspect of the bilateral lower extremities, extending down to her foot on her left leg and to the knee on the right leg. The injured worker reported benefit from lumbar epidural steroid injection (ESI) in the past, with the last injection in January of 2014, with a noted 50% decrease reported in pain and radicular symptoms for three months. Current medications were noted to include Nucynta, Nabumetone, with the injured worker reporting the combination of these medications reducing her pain by approximately 30%, and Topamax for neuropathic pain. The injured worker was also noted to be prescribed Cyclobenzaprine, Voltaren gel, Lunesta, Abilify, Phentermine, and Venlafaxine HCL.

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 Treatment Guidelines NSAIDs; Low Back Pain, chronic low back pain Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Nabumetone 500 mg #60 is not medically necessary.