

Case Number:	CM15-0052625		
Date Assigned:	03/26/2015	Date of Injury:	11/06/1997
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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, Illinois

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 55 year old female, who sustained an industrial injury on 11/6/97. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, bilateral DeQuervain's tendinitis, chronic cervicalgia with a history of cervical disc herniation, cervical radiculitis, and chronic pain syndrome, chronic reactive clinical depression from pain, right lateral epicondylitis and bilateral shoulder degenerative joint disease. Treatment to date has included oral medications including Ultram, Nabumetone, Prilosec and Cymbalta. Currently, the injured worker complains of severe pain of neck, shoulders and right elbow. The injured worker states the current regimen of medications keep her functional in performing her daily duties to some extent. Upon physical exam, tenderness is noted over the bilateral shoulder AC joint and posterior capsular region, tenderness is noted over the right lateral epicondylar region with limited range of motion due to guarding and there is diminished muscle strength in bilateral shoulders. The treatment plan consisted of a request for right elbow epicondylar injection and stay on current regimen of medications including refills for Norco, Nabumetone, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: Nabumetone 500mg, #60, 2 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-72.

Decision rationale: The injured worker sustained a work related injury on 11/6/97. The medical records provided indicate the diagnosis of bilateral carpal tunnel syndrome, bilateral DeQuervain's tendinitis, chronic cervicgia with a history of cervical disc herniation, cervical radiculitis, and chronic pain syndrome, chronic reactive clinical depression from pain, right lateral epicondylitis and bilateral shoulder degenerative joint disease. Treatment to date has included oral medications including Ultram, Nabumetone, Prilosec and Cymbalta. The medical records provided for review do not indicate a medical necessity for Nabumetone 500mg, #60, 2 refill. Nabumetone is a non-steroidal anti-inflammatory drug used recommended for the treatment of osteorthritis; but has an off-label use for moderate pain. It is regarded a by the Official Disability Guidelines as a first line medication. However, like all NSAIDs, the MTUS recommends the use of the lowest dose for the shortest period in the treatment of moderate to severe pain. The MTUS recommends individuals on NSAIDs be tested for liver function test within 4-8 weeks of initiating treatment. Also recommended to be monitored are kidney function and Blood Count. The records indicate the injured worker benefited from this medication in the past; therefore, the worker was was started on this medication again on 01/13/2015, and given prescription for two refill. The record does not indicate the injured worker has been or is being monitored for liver function test, kidney function or blood count. The request IS NOT medically necessary.