

Case Number:	CM15-0052702		
Date Assigned:	03/26/2015	Date of Injury:	10/24/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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, West Virginia, Pennsylvania
 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 56-year-old female, who sustained an industrial injury on 10/24/11. She has reported a neck and back injury after bending down with a box of grapes to place it under a table. The diagnoses have included cervicgia, lumbago, right knee chondromalacia patella and right knee Degenerative Joint Disease (DJD). Treatment to date has included medications, diagnostics, physical therapy, acupuncture, chiropractic, and Home Exercise Program (HEP). The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 8/5/13. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was performed on 1/16/13. The x-rays of the right knee were performed on 1/9/13 and 5/9/13. Currently, as per the physician progress note dated 1/19/15, the injured worker complains of neck pain, low back pain and right knee pain. The pain radiates down the right arm and right lower extremity and foot. The pain was rated 6-7/10 on pain scale. The current pain medications included Relafen, Lidopro cream, Advil, Tylenol and Ketoprofen. The physical exam revealed cervical and lumbar tenderness, decreased range of motion cervical and lumbar, and decreased sensation. There was positive straight leg raise on the right with pain, positive slump test on the right and positive Lasegue test on the right. The right knee revealed positive painful crepitus, tenderness, swelling, and positive McMurray's test with pain. It was noted that the injured worker wished to be treated with oral medications only to control the pain. She was advised to use ice and continue with Home Exercise Program (HEP). The physician requested treatment included Nabumetone 750mg #60 with 2 refills for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: Guidelines recommend Nabumetone as an option for short-term symptomatic relief of osteoarthritis. Studies have shown that NSAIDs are no more effective than other drugs such as acetaminophen, narcotics and muscle relaxants. In this case, clinical documentation does not include evidence of an increase in function or decrease in pain while on Nabumetone. The request for Nabumetone 750 mg #60 with 2 refills is not medically necessary and appropriate.