

Case Number:	CM15-0063189		
Date Assigned:	04/09/2015	Date of Injury:	11/25/2008
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old male, who sustained an industrial injury on 11/20/08. Only one medical report was provided it is dated 11/12/14. The injured worker was diagnosed as having right foot pain, chronic pain syndrome, and degenerative lumbar disc disease. Treatment to date has included home exercise, medications, and the use of crutches. Currently, the injured worker complains of pain in the left foot and ankle. The treating physician requested authorization for Ibuprofen 600mg #60, Nabumetone 500mg #60, and Gabapentin 600mg #90. All are retrospective requests dispensed on 2/18/15. Pain was noted to vary between 8 and 9/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg Qty 60 (retrospective - dispensed 2/18/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 50 year old male has complained of bilateral foot pain since date of injury 11/20/08. He has been treated with physical therapy and medications to include NSAIDS since at least 11/2014. The current request is for Motrin. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 3 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.

Nabumetone 500 mg Qty 60 (retrospective - dispensed 2/18/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 50 year old male has complained of bilateral foot pain since date of injury 11/20/08. He has been treated with physical therapy and medications to include NSAIDS since at least 11/2014. The current request is for Nabumetone. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 3 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Nabumetone is not indicated as medically necessary in this patient.