

Case Number:	CM15-0231692		
Date Assigned:	12/07/2015	Date of Injury:	12/04/2013
Decision Date:	01/20/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/24/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58 year old female, who sustained an industrial injury on 12-4-2013. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for left shoulder impingement syndrome and osteoarthritis. The injured worker (8-27-2015) reported ongoing left shoulder pain. The physical exam (8-27-2015) revealed tenderness to palpation in the anterior lateral subdeltoid region, decreased range of motion, and positive impingement signs. The injured worker (9-25-2015 and 10-9-2015) reported ongoing left shoulder pain. The physical exam (9-9-2015 and 10-9-2015) revealed decreased range of motion, painful arc, positive impingement, and tender subacromial bursa. Surgeries to date have included a left shoulder arthroscopic rotator cuff repair on 2-25-2015. Treatment has included postoperative physical therapy and medications including pain and non-steroidal anti-inflammatory (Relafen since at least 9-2015). Per the treating physician (10-9-2015 report), the injured worker has not returned to work. The requested treatments included Nabumetone 500 mg. On 11-9-2015, the original utilization review non-certified a request for Nabumetone 500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500 mg Qty 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: MTUS and ODG state regarding NSAIDs for osteoarthritis, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." For acute back pain, "Recommended as a second-line treatment after acetaminophen," For chronic back pain, "Recommended as an option for short-term symptomatic relief." For neuropathic pain, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS states "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label, (Relafen Package Insert)". While guidelines do not specifically state the use of Nabumetone in regards to synovitis or wrist pain, it does state that Tylenol is preferred in many cases as first line. Medical records do not indicate any significant improvement in pain, quality of life, or functionality. The patient has been prescribed Relafen since 9/2015 and would no longer be considered short term therapy. The treating physician has not provided justification to exceed MTUS guidelines. As such, the request for Nabumetone 500 mg Qty 60.00 is not medically necessary.