

Case Number:	CM14-0115561		
Date Assigned:	08/04/2014	Date of Injury:	09/12/2012
Decision Date:	09/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old male who was injured on September 12, 2012 to his left shoulder. The mechanism of injury is undisclosed. The diagnoses listed as sprain lumbar region. The most recent progress note dated 7/25/14, reveals complaints of significant ongoing pain and disability in that joint. Exam reveals right shoulder flexion is 170 degrees extension is 35 degrees and abduction 160 degrees; left side flexion is 70 degrees, extension is 30 degrees and abduction is 70 degrees, a loud audible cracking during the range of motion of the left shoulder; range of motion at the waist for flexion is between times two degrees and 70 degrees and 70 degrees, extension is 10 degrees and at all bending to the right and left is 75 percent normal. Prior treatment includes medications and a topical cream. Prior utilization review determination dated 7/15/14 resulted in denial of Nabumetone 750 milligrams quantity sixty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs- GI, Cardiovascular and Renal risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this case, there is no documentation of any significant improvement in pain or function with continuous use. Therefore, the request is not medically necessary according to the guidelines.