

Case Number:	CM14-0116093		
Date Assigned:	09/25/2014	Date of Injury:	10/02/2004
Decision Date:	10/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/22/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 patient is a 51 year old male who sustained an industrial injury on 10/02/2004. The injury occurred when he was filling harvesters in the middle of the field while his truck was bouncing up and down. The listed diagnoses include lumbago, lumbar strain/sprain with radiculitis, lumbar/thoracic post-laminectomy syndrome, insomnia, anxiety, and long prescription use not elsewhere classified. A prior peer review completed on 7/1/2014 modified the request for Nabumetone (Relafen) 750mg 1 tab bid #60, to allow #40. According to the 6/4/2014 progress report, the patient complains of ongoing severe lower back pain that extends to lower legs. He is asking for a back brace. His stable with current medications. Pain is rated 6/10 with medications. Current medications include nabumetone 750mg bid #60 and Tylenol-codeine #3 #90. Physical examination reports tender lumbar spine at facet joint decreased lumbar ROM. Diagnoses are lumbago, radiculitis, and myofascial pain syndrome/fibromyalgia. Medications are refilled, also recommended lumbar braces and exercises to strengthen core muscles. According to the 7/2/2014 progress report, the patient complains of ongoing lower back pain that extends to lower legs. Muscles won't relax. He also complains of severe problem with insomnia and is constantly sleepy and fatigued. Pain medication reduce pain to tolerable. Pain is rated 6/10 with medications. Current medications include nabumetone 750 mg bid #60 and Tylenol-codeine #3 #90. Physical examination reports tender lumbar spine at facet joint decreased lumbar ROM. Diagnoses are lumbago, radiculitis, and myofascial pain syndrome/fibromyalgia. Medications are refilled, Amrix 15 mg added, also advised to try OTC valerian root. The 7/30/2014 progress report does not document current complaint and objective physical examination. Current medications are ibuprofen 800 mg TID #90 with 5 refills, Nabumetone 750 mg bid #60, Tylenol-codeine #30 #180 dispensed in office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750 mg 1 tab bid #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: According to the CAMTUS Guidelines, Nabumetone is recommended as an option for osteoarthritis, use for moderate pain is off-label. The guidelines state Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renal-vascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. 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 medical records document the patient complains of chronic low back. The most recent medical report does not document any present complaints or objective findings. The medical records do not support the patient has obtained notable pain relief and improved function with Nabumetone. The patient has been also chronically using an opioids and other analgesics. In the absence of documentation of any functional benefit of this medication for the patient, the request is not medically necessary according to the guidelines. The request is not medically necessary.