

Case Number:	CM14-0123806		
Date Assigned:	09/24/2014	Date of Injury:	09/15/2013
Decision Date:	10/29/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	08/04/2014

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 Emergency 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 injured worker is a 53 year-old male, who sustained an injury on September 15, 2013. The mechanism of injury occurred from throwing a football. Pertinent diagnostics are not noted. Treatments have included: physical therapy, chiropractic, medications. The current diagnosis is cervical radiculopathy. The stated purpose of the request for Nabumetone (Relafen) 750mg, #120 was not noted. The request for Nabumetone (Relafen) 750mg, #120 was denied on June 28, 2014, citing a lack of documentation of functional improvement. Per the report dated May 14, 2014, the treating physician noted complaints of neck and right shoulder pain with numbness and tingling to the right upper extremity. Exam findings included full cervical range of motion, positive right Neer sign and positive Spurling's sign, cervical tenderness, right shoulder proximal muscle weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has neck and right shoulder pain with numbness and tingling to the right upper extremity. The treating physician has documented full cervical range of motion, positive right Neer sign and positive Spurling's sign, cervical tenderness, right shoulder proximal muscle weakness. This medication was prescribed since April 2014. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Nabumetone (Relafen) 750mg, #120 is not medically necessary.