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| Case Number: | CM14-0131699 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 01/15/2014 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 15, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated August 13, 2014, the claims administrator denied a request for nabumetone. The applicant's attorney subsequently appealed. In a July 22, 2014 progress note, the applicant reported persistent complaints of low back pain, right lower extremity pain, right arm pain, highly variable, rated at 7-8/10. The applicant's pain was exacerbated by lifting, vacuuming at home, and/or standing too long. The applicant was smoking, it was acknowledged. The applicant had not worked since the date of injury. It was stated that the applicant had previously tried and failed Norco, Motrin, and Flexeril. A rather proscriptive 20-pound lifting limitation was endorsed. It was acknowledged that the applicant was not working. Acupuncture, Norco, and Motrin were sought. In an earlier note dated June 11, 2014, it was suggested that the applicant was off of work and was receiving prescriptions for Norco, labetalol, Relafen, and an unspecified antibiotic. In June 6, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant was reportedly using Norco and Relafen, it was stated at this point in time. The applicant was given a hip corticosteroid injection. The applicant was not sleeping properly. The applicant reported that her pain was moderate to severe and constant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone Tablets 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as nabumetone do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and, furthermore, based his choice of pharmacotherapy on applicant-specific variables such as "other medications." In this case, the attending provider has not proffered any compelling rationale for selection and/or usage of two separate NSAIDs, Motrin and Relafen (nabumetone). It is further noted that the applicant has been using Relafen for what appears to be spaced several months and has failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. The applicant continues to report pain at the moderate-to-severe level, despite ongoing Relafen usage. The applicant is having difficulty performing activities of daily living as basic as standing, walking, lifting, despite ongoing nabumetone usage. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.