

Case Number:	CM14-0161396		
Date Assigned:	10/06/2014	Date of Injury:	04/28/1997
Decision Date:	11/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

53y/o male injured worker with date of injury 4/28/97 with related low back pain. Per progress report dated 9/4/14, the injured worker was utilizing Norco up to 6 times daily which helped to decrease his pain from a 5-6/10 down to a 3/10. With this medication he was able to get through his work day and his other activities including going to the gym and walking. He stated that this medication allowed him to focus on other things besides his pain and to be present in his daily activities. He continued to work full-time. Physical exam findings were not included in the documentation submitted for review. It was not stated whether physical therapy has been utilized. Treatment to date has included injections, and medication management. The date of UR decision was 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "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 addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." Upon review of the documentation submitted, the request appears indicated for the injured worker's back pain. The request was for #90 to accommodate vacation the injured worker would be on from 9/13/14 to 9/20/14, which was a period where he would be due to receive his medications, and hence he had asked for an early refill. The UR physician has deemed a modification of the request as medically necessary for #60, however, as written, no quantity is specified; as such, medical necessity cannot be affirmed.