

Case Number:	CM14-0086919		
Date Assigned:	07/23/2014	Date of Injury:	03/10/2011
Decision Date:	09/24/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/10/2014

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 and is licensed to practice in Nevada. 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 47 year-old male who was reportedly injured on 3/10/2011. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 7/16/2014, indicates that there are ongoing complaints of chronic neck and back pain. The physical examination demonstrated antalgic gait without assistive device. No musculoskeletal physical exam was performed on the status service. Diagnostic imaging studies include a magnetic resonance image of the cervical spine dated 7/8/2014 reveals mild-moderate cervical degenerative changes, Spinal canal stenosis at C3-4 through C-5-6. Previous treatment includes physical therapy, chiropractic care, acupuncture, medications and conservative treatment. A request was made for Nabumetone 500mg #90 and was not certified in the pre-authorization process on 6/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request of Nabumetone 500mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.

Decision rationale: Relafen is a nonselective, non-steroidal anti-inflammatory medication with an indication for osteoarthritis per California Medical Treatment Utilization Schedule treatment Guidelines. When noting the claimant's clinical presentation and current diagnosis, there is no clinical indication for the use of this medication. As such, this request is not considered medically necessary.