

Case Number:	CM14-0096745		
Date Assigned:	07/25/2014	Date of Injury:	01/30/2002
Decision Date:	10/14/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 59 year-old male who was reportedly injured on 1/30/2002. The mechanism of injury is not listed. The previous utilization review references a progress note dated 5/6/2014, but that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented ongoing complaints of right ilioinguinal region arthralgia, right abdomen lower quadrant, recurrent myofascial strain with intermittent exacerbations following a right-sided inguinal hernia repair in 2002, and subsequent surgery for relief of ilioinguinal nerve impingement in 2003. No pertinent clinical findings related to the right inguinal region were outlined. There was no acute exacerbation of pain or myospasm. No recent available imaging studies were available for review. A request was made for Nabumetone (Relafen) 500 mg #20 and was not certified in the utilization review on 6/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500mg QTY: 20.00: Upheld

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

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

Decision rationale: Nabumetone (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 injured workers' clinical presentation and previous surgeries, there is no clinical indication for the use of this medication. As such, this request is not considered medically necessary.