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| Case Number: | CM14-0096806 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 07/30/2013 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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 Texas and Ohio. 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 female who reported injury on 07/30/2013. The mechanism of injury was blunt trauma to her right shoulder. Diagnoses included pain in the shoulder joint. The past treatments included acupuncture. An EMG was noted to show cervical radiculopathy. The progress note, dated 05/06/2014, noted the injured worker complained of pain in her right shoulder radiating through the right hand, with tingling along the hand. The pain was rated as a 6/10, with the use of Relafen twice daily, and gabapentin as needed. There was no physical exam of the upper extremity noted. The medications included gabapentin 600mg 1 nightly, Nabumetone-relafen 500mg every 12 hours, Motrin 800mg as needed, and Norco 5/325mg as needed. The treatment plan included discontinuation of Motrin and Norco, and noted stated the injured worker would be a candidate for a cervical epidural steroid injection; however, she wanted to remain in conservative care. The physician's note, dated 06/19/2014, provided a rationale for the use of nabumetone, which stated, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain, then noted the injured worker had a flareup of right upper extremity pain after returning to work, and further stated the continued chronic use of this medication simply increases the risk for upper GI side effects including GI bleed, perforation, and peptic ulcer. The Request for Authorization Form was submitted for review on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-relafen 500mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-68, 70, 72-73.

Decision rationale: The request for nabumetone/Relafen 500 mg #90 is not medically necessary. The injured worker had right upper extremity pain with tingling through the hand, rated a 6/10, with the use of Relafen twice daily and gabapentin as needed. She was also noted to be prescribed Motrin 800 mg as needed, and Norco 5/325 mg as needed. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs for the treatment of osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain, and they are recommended as a second line treatment after acetaminophen for acute exacerbation of chronic back pain. There is inconsistent evidence for the use of these medications to treat neuropathic pain. All NSAIDs have a warning for the associated risk of adverse cardiovascular events including: MI, stroke, hypertension, and gastrointestinal complications; in addition to GI bleed or perforation. Nabumetone is recommended at a starting dose of 1,000 mg per day or 500 mg twice daily, with a maximum dose of 2,000 mg per day, and it is noted that use for moderate pain is off-label. There was no indication of osteoarthritis. It is unclear how long the injured worker has been using nabumetone and Motrin. The injured worker was noted to have cervical radiculopathy per EMG. There is no indication of the efficacy of nabumetone. Given the previous, the continued use of nabumetone is not supported at this time. Therefore, the request is not medically necessary.