

Case Number:	CM14-0035590		
Date Assigned:	06/23/2014	Date of Injury:	09/28/2009
Decision Date:	03/30/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male who reported an injury on 09/28/2009. The mechanism of injury was not stated. The current diagnosis is shoulder region disorder, not elsewhere classified. The latest physician progress report submitted for review is documented on 03/10/2014. The injured worker presented for a followup evaluation with complaints of chronic pain in the right shoulder and lumbar spine. The injured worker was pending authorization for a course of physical therapy. It was noted that the injured workers depression was not well controlled with Paxil 20 mg. The injured worker had begun regular work duties. On examination, there was spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased flexion and extension. There was discomfort with pain noted on elevation of the right upper extremity. Recommendations included a psychological consultation. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 mg, # unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Back Pain-Chronic Low back pain; NS. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG)-Pain Chapter, Medications for Acute Pain (Analgesics); Medications for Subacute & Chronic pain; NSAIDs specific drug list & adverse effects

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no indication that this injured worker was currently utilizing nabumetone 750 mg. Guidelines do not recommended long term use of NSAIDs. There was no frequency or quantity listed. Given the above, the request is not medically appropriate.

Hydrocodone-APAP 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Neuropathic pain; Chronic back pain; Pa. Decision based on Non-MTUS Citation WASHINGTON STATE DEPT OF LABOR: Guidelines for Prescribing Opioids to Treat Pain in Injured workers

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. In this case, it is unclear whether the injured worker is currently utilizing hydrocodone 5/325 mg. There was no documentation of a failure of nonopioid analgesics. Urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was no frequency or quantity listed. Given the above, the request is not medically appropriate.