

Case Number:	CM15-0116817		
Date Assigned:	06/25/2015	Date of Injury:	09/04/2012
Decision Date:	08/12/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 sustained an industrial injury on 09/04/2012. He has reported subsequent low back pain with radiation to the lower extremities and was diagnosed with L3-L4 spondylolisthesis with radiculopathy and status post L4-S1 posterior spinal fusion and lumbago. Treatment to date has included medication and surgery. In a progress note dated 04/16/2015, the injured worker complained of constant low back pain radiating to the lower extremities that was rated as 8/10. Objective findings were notable for palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion and tingling and numbness in the anterolateral thigh, anterior knee, medial left and foot in an L4 dermatomal pattern. The most recent PR-2 reports dated 02/26/2015, 03/26/2015 and 04/16/2015 do not specifically mention what medications the IW has been taking. A request for authorization of Nabumetone 750 mg quantity of 120 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Non selective NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAID's Page(s): 68.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, NSAID's for chronic low back pain are "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 documentation submitted does not indicate that Nambumetone has been effective at significantly reducing pain or improving function. The most recent PR2 notes do not specifically discuss Nabumetone and it's unclear as to how long this medication had been prescribed to the injured worker. Although the physician notes improvement in pain and improving activities of daily living, the documentation does not support this statement. Pain ratings during the most recent physician office visits were 8/10 and there was no indication of improvement in objective examination findings. Therefore, the request for authorization of Nabumetone 750 mg quantity of 120 is not medically necessary.