

Case Number:	CM15-0120361		
Date Assigned:	07/08/2015	Date of Injury:	06/15/2012
Decision Date:	09/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 55-year-old male who sustained an industrial injury on 06/16/2012. Current diagnosis includes lumbar disc displacement without myelopathy. Previous treatments included medications, physical therapy, psychiatric evaluation, epidural steroid injection, and functional restoration program. Previous diagnostic studies include lumbar spine MRI. Initial injuries occurred to the low back when the worker was unloading heavy metal parts. Report dated 10/03/2014 noted that the injured worker presented with complaints that included chronic low back and hip pain. The injured worker noted that medications do help with pain and function. The injured worker is currently working modified duties as of the date of this report. Pain level was not included. Physical examination was positive for an antalgic gait. The treatment plan included requests for medication which included nabumetone-Relafen, pantoprazole-Protonix, and gabapentin, a request for a right hip MRI arthrogram, and follow up in 4 weeks. Disputed treatments include retrospective Nabumetone-Relafen 500mg sig: 1 every 12 hours, #90 (DOS 10/03/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Nabumetone-Relafen 500mg sig: 1 every 12 hours QTY: 90 (DOS 10/02/2014):
 Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), NSAIDs specific drug list- Nabumetone (Relafen) Page(s): 22, 67-70, and 72-73.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAIDs). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen." The medical records submitted for review indicate that the injured worker has been using nabumetone (Relafen) long term. In addition, the physician documented that the medications improve pain and function. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living and work duties, there was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of nabumetone (Relafen). Therefore the request for retrospective Nabumetone-Relafen 500mg sig: 1 every 12 hours, #90 (DOS 10/02/2014) is not medically necessary.