

Case Number:	CM15-0125914		
Date Assigned:	07/10/2015	Date of Injury:	09/07/2010
Decision Date:	09/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 49 year old female, who sustained an industrial injury on 9/7/10. The mechanism of injury is not documented. The injured worker was diagnosed as having lumbar discopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome and cervical discopathy. Treatment to date has included oral medications including Nortriptyline, black cohosh and Topamax, physical therapy, activity modification and epidural injections. (MRI) magnetic resonance imaging of cervical spine performed on 3/13/15 revealed multilevel discogenic disease C4-5 and C6-7; mild acquired central canal stenosis at C3-4, C4-5 and C5-6 and multilevel significant foraminal stenosis. (MRI) magnetic resonance imaging of lumbar spine performed on 3/13/15 revealed moderate discogenic disease at L4-5, multilevel foraminal narrowing related primarily to foraminal disc bulges and facet arthropathy and mild acquired central canal stenosis at L4-5. Currently on 5/13/15, the injured worker complains of severe pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is characterized as sharp and radiates to the upper extremities and associated with headaches that are migrainous as well as tension between the shoulder blades. She states the pain is unchanged and rated 8/10. There is also constant severe pain in the low back, characterized as sharp and radiates to lower extremities with burning, it is unchanged and rated 8/10; intermittent pain in the bilateral shoulders characterized as burning, unchanged and rated 4/10 and frequent pain in the bilateral wrists characterized as throbbing, unchanged and rated 5/10. She is permanently partially disabled. Physical exam performed on 5/13/15 noted palpable paravertebral muscle tenderness

with spasm of cervical spine and restricted range of motion due to pain, exam of lumbar spine revealed palpable paravertebral muscle tenderness with spasm and restricted range of motion, shoulder exam noted tenderness around the anterior glenohumeral region and subacromial space with limited range of motion and exam of wrists/hands revealed reproducible symptomatology in the median nerve distribution with full, but painful range of motion. A request for authorization was submitted on 6/4/11 for Nabumetone 750mg, Lansoprazole 30mg, Ondansetron 8mg, Cyclobenzaprine 7.5mg and Tramadol ER 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumentone (Relafen) 750mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: Relafen (Nabumetone) is a non-specific non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. CA MTUS recommends NSAIDS for the lowest dose for the shortest period in patients with moderate to severe pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain as in this case. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. Documentation does not indicate if the injured has received this prescription prior to this. The injured worker is partially temporally disabled and scheduled for back surgery 7/15. Medical necessity of the requested medication has not been established. The request for Nabumentone (Relafen) 750mg #120 is not medically necessary.