

Case Number:	CM15-0172150		
Date Assigned:	09/14/2015	Date of Injury:	08/18/2010
Decision Date:	10/14/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 8-18-2010. Medical records indicate the worker is undergoing treatment for lumbar 4-5 moderate central stenosis, status post cervical 5-6 fusion, bilateral rotator cuff tenderness, head injury, whole body pain and left knee degenerative joint disease. A recent progress report dated 7-16-2015, reported the injured worker complained of neck and back pain rated 7 out of 10, left shoulder pain rated 5-6 out of 10 and left knee pain rated 7 out of 10. She also reports increased neck and low back stiffness that increases with prolonged sitting and radiation down the legs with left being worse than right. Physical examination revealed cervical and lumbar "limited range of motion", diffuse lumbar and cervical tenderness and left knee range of motion is 0-120 degrees with painful patello-femoral crepitus and minimal swelling. Electromyography (EMG) of the bilateral lower extremities was within normal limits. Treatment to date has included a lumbar epidural steroid injection that did not improve pain, left knee Orthovisc injection that improved pain by 75% in 2014, left shoulder steroid injection in 2014 that provided 50% relief at current time, physical therapy, Topamax, Naproxen, Relafen, Prilosec. The injured worker also stated the medications decrease her pain and allow her to increase her activity level by 50%. On 7-16-2015, the Request for Authorization requested Nabumetone 750mg #60. Previously Nabumetone was discontinued due to side effects and another NSAID initiated which was documented to be beneficial. There is no updated information supporting the switch back to Nabumetone. On 8-21-2015, the Utilization Review noncertified Nabumetone 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nabumetone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS Guidelines support the rotation of NSAIDs if there are side effects experiences by a particular medication. This individual is reported by 2 physicians to have had side effects with Nabumetone. It was discontinued due to the side effects and a different NSAID was initiated which was documented to be beneficial and without the side effects of Nabumetone. There is no updated documentation that states that these circumstances and effects of the medications has changed. The rationale for restarting Nabumetone is not documented and thus is not consistent with Guideline recommendations. At this point in time, the 1 prescription of Nabumetone 750mg #60 is not medically necessary.