

Case Number:	CM15-0172728		
Date Assigned:	09/14/2015	Date of Injury:	01/18/2000
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 54 year old male who sustained an industrial injury on 1-18-2000. A review of medical records indicates the injured worker is being treated for lumbar disc displacement without myelopathy. Medical records dated 8-25-2015 indicate chronic low back pain. He had increased pain and he could barely move because his back locked up. He reported with OxyContin on board he had a reduction on pain from a 10 out of 10 to a 6 out of 10. The medications allow him to carry out activities of daily living such as cooking and cleaning. Physical examination noted lumbar extension to be 5 degrees, lumbar flexion was 40 degrees. Straight leg raise was positive on the left. Spasm and guarding was noted at the lumbar spine. Treatment has included medication, lumbar surgery 2001, spinal cord stimulator, ankle surgery, and acupuncture. Nabumetone-Relafen has been taken at since at least 8-25-2015. Lumbar MRI dated 9-6-2001 revealed status post bilateral laminectomy as well as posterior and anterior fusion at L4-5, no evidence of residual or recurrent disc herniation at L4-5, otherwise a normal MRI of the lumbar spine. The utilization review form dated 9-1-2015 non certified Nabumetone-Relafen 500 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Ralafen) 500mg #90: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: MTUS 2009 states that NSAIDS should be used for the shortest duration and lowest dose possible. The patient has been using Nabumetone for an extended period of time without any objective functional improvement. The patient continues to be provided chronic opioid maintenance therapy and has significant functional deficits due to pain. The medical notes describe an ability to perform ADLs but this reported functional benefit is inconsistent with the ongoing symptomatic complaints and poor vocational function. The ongoing use of Nabumetone does not adhere to MTUS 2009 and is not medically necessary.