

Case Number:	CM15-0027881		
Date Assigned:	02/20/2015	Date of Injury:	07/27/2012
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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

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 32 year old male, who sustained an industrial injury on July 27, 2012. The injured worker had reported a neck, back and left shoulder injury. The diagnoses have included cervical and lumbar degenerative disc disease, chronic thoracic spine pain, cervical radiculopathy; lumbar radiculopathy and status post left shoulder arthroscopy. Treatment to date has included medications, physical therapy, MRI of the cervical spine, x-rays of the left shoulder, chiropractic therapy, a transcutaneous electrical nerve stimulation unit, cervical epidural steroid injections, acupuncture treatments, left shoulder cortisone injection and left shoulder arthroscopy. Current documentation dated December 22, 2014 notes that the injured worker complained of neck pain which radiation to the left shoulder and low back pain rated at a six-sever out of ten on the Visual Analogue Scale. Physical examination revealed diffuse tenderness to palpation of the cervical and lumbar spine with spasms. Sensation of the cervical spine was diminished. Straight leg raise was negative bilaterally. Left shoulder examination revealed tenderness to palpation over the anterior aspect and a decreased range of motion. Impingement test was positive. On February 2, 2015 Utilization Review non-certified a request for Nabumetone 750 mg #60 and APAP with Codeine 30/300 mg #60. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 13, 2015, the injured worker submitted an application for IMR for review for Nabumetone 750 mg #60 and APAP with Codeine 30/300 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750MG #60 (Dispensed by MD): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for nabumetone, CA MTUS states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement to support ongoing use despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested nabumetone is not medically necessary.

Apap with Codeine 30/300mg #60 (Dispensed by MD): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for codeine/APAP, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested codeine/APAP is not medically necessary.