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| Case Number: | CM15-0043682 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 11/16/2008 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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, Indiana, 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 54 year old female, who sustained an industrial injury 11/16/07 to 11/16/08. The injured worker has complaints of left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac, right anterior knee and left anterior knee pain. The injured worker has numbness, tingling left anterior hand and left posterior hand pain. The diagnoses have included cervical region disc disorder, unspecified; carpal tunnel syndrome, left and tear of lateral cartilage or meniscus of bilateral knees, current. Treatment to date has included nabumetone. The request was for nabumetone 750mg one by mouth twice a day as needed #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 MG 1 By Mouth BID As Needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nabumatone 750 mg one PO b.i.d. as needed #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical region disc disease; carpal tunnel syndrome; tear lateral cartilage of meniscus bilateral knees; degenerative joint disease; left ankle internal derangement; right shoulder internal arrangement; and left elbow sprain/strain. The documentation states the date of injury is November 16, 2008. The injured worker has a long history of nonsteroidal anti-inflammatory drug use. Motrin 600 mg was prescribed as far back as June 2, 2009. In a November 26, 2013 progress note Relafen (Nabumatone) 750 mg was prescribed. In a subsequent progress note dated September 15, 2014, naproxen 550 mg TID was prescribed. In the subsequent progress note dated October 27, 2014, Relafen (nabumatone) 750 mg b.i.d. was prescribed (again). There is no documentation with a clinical rationale for the discontinuation and then re-prescribing of Nabumatone. The request for authorization is dated February 11, 2015. A contemporaneous progress note is dated January 26, 2015. Only page 1 of the progress note is contained in the medical record. Subjectively, the injured worker has bilateral low back pain, sacroiliac pain and knee pain. There are no objective physical examination findings, no assessment and no treatment plan in the medical record. Consequently, absent compelling clinical documentation with a clinical indication and rationale for discontinuing and restarting Nabumatone with evidence of objective functional improvement, Nabumatone 750 mg one PO b.i.d. as needed #60 is not medically necessary.