

Case Number:	CM14-0142084		
Date Assigned:	09/12/2014	Date of Injury:	02/22/2010
Decision Date:	10/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male with a date of injury of 02/22/2010. The listed diagnoses per [REDACTED] are: 1. Lumbar disk herniation and radiculitis. 2. Rule out cervical disk herniation and radiculitis. According to progress report, 07/16/2014, the patient presents with low back and neck pain. The pain is constant and improved with pain medication, TENS unit, and gel packs. Examination revealed numbness and tingling in both arms and fingers. There was muscle tenderness at the lumbosacral junction. Motor examination revealed decreased strength in terms of ankle dorsiflexion bilaterally. There is a [REDACTED] report which is consistent with what the patient is reporting and a negative urine tox screening. Patient's medication regimen includes naproxen, hydrocodone, Soma, omeprazole, and cyclobenzaprine. The treating physician is requesting Relafen 500 mg #90. The utilization review denied the request on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Ralafen 500mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 26-27, 68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 22, 67,68.

Decision rationale: This patient presents with neck and low back pain. The treating physician is requesting for Relafen 500 mg #90 "for its antiinflammatory and pain relieving effect." MTUS Guidelines page 22 supports the use of NSAID for chronic low back pain as a first-line treatment. Utilization review indicates "noncertified" for this medication. However, the rationale section states, "Use of the nabumetone is acceptable for this patient to aid in pain relief and functional restoration." It appears as though this is an initial request for Relafen. Given patient's continued pain, a trial of this medication is indicated, therefore the request is medically necessary.