

<b>Case Number:</b>	CM13-0052517		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Internal Medicine, and is licensed to practice in California and Illinois. 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 injured worker is a 51-year-old who reported an injury on March 31, 2008 due to an unknown mechanism. The clinical note dated June 21, 2013 indicated the injured worker complained of lower back pain and right knee pain. The injured worker reported his pain was rated 8/10 with medications. The injured worker reported he continued to remain symptomatic in his right knee, which was aggravated with sleep and walking. The injured worker reported increased cramping in his right calf that was worse in the evenings. The injured worker also reported increased pain in his left knee that was intermittent but tolerable. The injured worker also reported lower back pain that radiated into his right lower extremity that extended below the knee. He reported utilizing medication with benefit and improved function. The injured worker's medication regimen included Flexeril, hydrocodone /APAP, Nabumetone, Valium, and Prilosec. The request for authorization was submitted on October 7, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NABUMETONE 500MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, SPECIFIC RECOMMENDATIONS, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The injured worker reported his pain at 8/10. It is unclear if there was functional improvement from the medication. In addition, the Guidelines recommend the use for short-term. The injured worker has been prescribed this medication since at least June of 2013. This exceeds the Guideline recommendations for four to six weeks. The request for Nabumetone 500mg, sixty count, is not medically necessary or appropriate.