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| <b>Case Number:</b>   | CM13-0067057 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 06/15/2009 |
| <b>Decision Date:</b> | 05/21/2014   | <b>UR Denial Date:</b>       | 12/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 61 year-old male who was injured on 6/15/09. He has been diagnosed with lumbar disc displacement and lumbosacral neuritis and lumbago. According to the 12/4/13 US HealthWorks report from [REDACTED], the patient has plateaued and no further improvement is expected. There were no subjective complaints listed, or objective findings. The report states "RX: GIVEN TO PATIENT", but there was no description of what prescription was provided. On 12/5/13 UR recommended against Nabumetone 750mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NABUMETONE 750MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, PAIN OUTCOMES AND ENDPOINTS Page(s): 67-68,8-9.

**Decision rationale:** The patient presents with low back pain. A review for Nabumetone has been requested. The available medical reports do not discuss efficacy of the medication. As the medical report gives the generic statement "RX: GIVEN TO PATIENT" without a description of what was prescribed, when the medication was first prescribed is unable to be determined. The

medical report does not have any subjective complaints or objective findings. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of nabumetone. MTUS does not recommend continuing treatment if there is not a satisfactory response.