

<b>Case Number:</b>	CM14-0171826		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Medicine & Rehabilitation, 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 36-year-old female with an injury date of 02/07/2011. Based on the 02/28/2014 progress report, the patient complains of having lower back pain which radiates to her lower extremities. She rates her pain as an 8/10 and is currently not working. She also has depressive symptoms, but denies any suicidal ideation. The patient has problem sleeping at night and needs help with activities of daily living. Examination of the lumbar spine reveals tenderness to palpation at the lumbosacral junction with associated muscle tension. She has a decreased range of motion with flexion, extension, and rotation bilaterally. Sensation is decreased to light touch along the right anterior thigh and right lateral calf compared to the left lower extremity. Motor strength is decreased with left foot dorsiflexion compared to the right lower extremity. The patient has a positive straight leg raise at the left. The 05/28/2014 report indicates that the patient has chronic low back pain and sciatica. The patient's diagnoses include the following: 1. Lumbar disk displacement without myelopathy. 2. Spinal stenosis, lumbar. 3. Depression. The Utilization Review determination being challenged is dated 09/30/2014. Treatment reports were provided from 02/04/2013 - 05/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 500mg (no quantity listed):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

**Decision rationale:** Based on the 05/28/2014 progress report, the patient complains of having lower back pain and sciatica. The request is for nabumetone 500 mg (no quantity listed). The report with the request was not provided. The Utilization Review states "in order for his medication to be considered for certification on subsequent review, evidence of objective functional benefit as a result of medication and documentation of medical necessity will be required. MTUS Guidelines page 22 supports the use of NSAID for chronic low back pain as a first line treatment. It appears as though, this is an initial request for nabumetone. Given the patient's continued pain, a trial of this medication is indicated medically necessary.