

<b>Case Number:</b>	CM14-0176079		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 39 year old female with date of injury of 3/13/2007. A review of the medical records indicate that the patient is undergoing treatment for lumbosacral strain and sprain (10/10 without medication, and 3/10 with). Subjective complaints include continued low back pain with radiation to lower extremities bilaterally. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paraspinals; positive straight leg raise. Treatment has included Norco, Requip, Oxycontin, Tizanidine, Celebrex, and a Lidoderm patch. The utilization review dated 10/1/2014 non-certified Nabumetone #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 500 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; Relafen Page(s): 67- 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDS

**Decision rationale:** The employee does not have osteoarthritis. Additionally, the guidelines state that for chronic pain, this is for short-term symptomatic relief. It is unclear why the

employee would need this medication now, for short term relief, and what the plan is for after the 60 doses. There is no documentation that Tylenol was tried and failed. Therefore, the request for Nabumetone is not medically necessary.