

<b>Case Number:</b>	CM14-0067653		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46-year-old gentleman was reportedly injured on March 9, 2009. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated March 13, 2014, indicates that there are ongoing complaints of left shoulder pain which was stated to be gradually improving. The injured employees currently participating in a home exercise program. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right shoulder rotator cuff repair and subacromial decompression as well as a left shoulder rotator cuff repair. A request had been made for nabumetone 750 mg and was not certified in the pre-authorization process on April 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750 mg #90 X 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain - Chronic low back pain Non-steroidal antiinflammatory d.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 72 of 127..

**Decision rationale:** Nabumetone is a nonselective, non-steroidal anti-inflammatory medication. The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. As this request is for a 750 mg tablet once daily, this request for Nabumetone is medically necessary.