

<b>Case Number:</b>	CM14-0186142		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Family Medicine, has a subspecialty in 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 32-year old waitress reported an injury to her neck and low back after a fall on 5/7/12. Her medical history is notable for hypertension. Treatment for the injury has included medications, physical therapy, chiropractic manipulation and epidural steroid injections. Back surgery had been recommended but not performed. There are several work status reports from her previous primary treater in the available records, all of which document her work status as "regular work", most recently on 10/1/14. Her medications as of 10/1/14 included Relafen, Tylenol with codeine, and Robaxin. A pain management specialist is now following the patient, possibly on a self-referral basis. The pain specialist first saw the patient on 10/22/14. He documents complaints of constant 10/10 pain of the low back, left buttock, neck and both shoulders; aggravated by "everything" and relieved by "nothing". Documented exam findings include abnormal posture with left shoulder much higher than right, and head forward. Neck range of motion is slightly decreased. Shoulder range of motion is normal, and no radicular findings are documented. Diagnoses include lumbar disc disease L5-S1 with bilateral pars defects and anterolisthesis; left lower extremity radiculopathy (based on electrodiagnostic testing results); chronic cervical strain, chronic bilateral shoulder strain, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. Medications prescribed include Nabumetone and Tramadol. Work status is temporarily totally disabled. The record contains a UR certification of Tramadol 50 mg #60 with three refills, dated 10/30/14. The Nabumetone was non-certified in UR on 10/30/14. An 11/19/14 follow-up note from the primary treater states that the patient is taking no medications because Nabumetone was denied and Tramadol was not available for pick-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 500mg #60 times 3 refills quantity 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60.

**Decision rationale:** Nabumetone is an NSAID. Per the first reference cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. The NSAID references state that NSAIDs are recommended at the lowest dose for the shortest period possible for patients with moderate to severe pain due to osteoarthritis. There is no evidence to recommend one drug over another in terms of efficacy or pain relief. Cardiovascular risk occurs with all NSAIDs, and there is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. There is inconsistent evidence to support their use for neuropathic pain. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking ACE inhibitors, ARBs, beta-blockers or diuretics. The clinical findings in this case do support the provision of Nabumetone to this patient. Nabumetone was started in conjunction with Tramadol. This means that it would be impossible to determine which medication caused any positive or negative effect that occurs. She has hypertension, and is at risk for increased blood pressure with NSAID use. A four-month supply of Nabumetone is requested, which is not in compliance with the recommendation for using NSAIDs for the shortest possible period for short-term pain relief. The request for Tramadol has been certified, and the patient's inability to fill the medication would have to be addressed by other mechanisms than UR or IMR. Based on the MTUS citations above and on the clinical documentation provided for my review, Nabumetone 500 mg #60 with 3 refills is not medically necessary.