

<b>Case Number:</b>	CM14-0191676		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and Rehabilitation 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 patient sustained an injury on 5/29/13 from lifting a food tray after 2 months of employment at [REDACTED]. Request(s) under consideration include 1 Prescription for Nabumetone 750mg #30 and Work conditioning 2 times a week for six weeks #12. Diagnoses include lumbar strain/sprain; lumbar/thoracic radiculopathy/ neuropathy. Conservative care has included medications, therapy, epidural steroid injection, and modified activities/rest. MRI of the lumbar spine showed L4-5 with mild disc herniation without noted central or neural foraminal stenosis. Report of 10/9/14 from the provider noted the patient with chronic ongoing low back and buttock pain radiating to calf and right heel. Exam showed minimal antalgic gait, slow and guarded; moderate to severe tenderness over sciatic notches; no palpable spasm; with tightness. Medications list Norflex, Ibuprofen, and Cyclobenzaprine for sleep. Follow-up of 10/23/14 noted medications helping with sleep and slightly less pain. Treatment included repeating ESI, work conditioning and medication refills. The request(s) for 1 Prescription for Nabumetone 750mg #30 and Work conditioning 2 times a week for six weeks #12 were denied on 10/31/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Nabumetone 750mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** This patient sustained an injury on 5/29/13 from lifting a food tray after 2 months of employment at [REDACTED]. Request(s) under consideration include 1 Prescription for Nabumetone 750mg #30 and Work conditioning 2 times a week for six weeks #12. Diagnoses include lumbar strain/sprain; lumbar/thoracic radiculopathy/ neuropathy. Conservative care has included medications, therapy, epidural steroid injection, and modified activities/rest. MRI of the lumbar spine showed L4-5 with mild disc herniation without noted central or neural foraminal stenosis. Report of 10/9/14 from the provider noted the patient with chronic ongoing low back and buttock pain radiating to calf and right heel. Exam showed minimal antalgic gait, slow and guarded; moderate to severe tenderness over sciatic notches; no palpable spasm; with tightness. Medications list Norflex, Ibuprofen, and Cyclobenzaprine for sleep. Follow-up of 10/23/14 noted medications helping with sleep and slightly less pain. Treatment included repeating ESI, work conditioning and medication refills. The request(s) for 1 Prescription for Nabumetone 750mg #30 and Work conditioning 2 times a week for six weeks #12 were non-certified on 10/31/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The 1 Prescription for Nabumetone 750mg #30 is not medically necessary and appropriate.

**Work conditioning 2 times a week for six weeks #12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

**Decision rationale:** Guidelines do not support the use of Work conditioning when ongoing treatment is occurring and the provider has continued treatment plan for repeating the ESI. Additionally, work conditioning is generally not a consideration when the duty status remains unchanged without evidence of functional improvement from treatment rendered. Submitted reports have not adequately demonstrated maximal efforts with functional limitations precluding the patient from current job demands, documented plateau status from trial of physical or occupation therapy, unlikely to improve with continued therapy; nor identify patient to be a non-surgical candidate with sufficient medical and physical recovery to allow for progressive reactivation and participation in the work conditioning program. Work conditioning in the true sense is focused exercises by the patient, utilized in the presence of musculoskeletal dysfunction when the problem is non-surgical and there has been no response to the standard amount of

physical therapy. Modified work should have been attempted and there should be a clear understanding of the specific goal that cannot be performed independently. Criteria for program admission also require prior mutual agreement between the employee and employer of a defined return to work goal; specific job to return to with documented on-the-job training available not been demonstrated here. The worker must be no more than 2 years past date of injury and treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Upon completion of the rehabilitation program, neither re-enrollment in or repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The individual in most cases can perform work conditioning after initial instruction by a Physical Therapist. Criteria for work conditioning have not been met or established in this case. The Work conditioning 2 times a week for six weeks #12 is not medically necessary and appropriate.