

<b>Case Number:</b>	CM15-0146481		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 46-year-old female who sustained an industrial injury on 08-29-12. Initial complaints and diagnoses are not available. Treatments to date include shoulder surgery, injections, home exercise program, and medications. Diagnostic studies include a MRI of the cervical spine on 04-30-15. Current complaints include pain in the neck, which radiates to the upper extremities. Current diagnoses include cervicgia. In a progress note dated 06-17-15 the treating provider reports the plan of care as continued home exercise program and unspecified medications. The requested treatment includes Nabumetone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nabumatone 750mg #120 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in a knock at all terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervicgia; and shoulder status post surgery. The date of injury is August 28, 2012. The request for authorization dated June 11, 2014. Point to a June 17, 2015 progress note, subjectively, the injured worker complains of constant pain in the cervical spine for the pain scale 8/10. Pain is unchanged from prior visits. Objectively, there is tenderness to help patient spasm. There is tenderness around the anterior glenohumeral joint of the shoulder. The medication section states "refills are ordered under a separate cover letter." The medical record contains 38 pages and there is no documentation of a separate cover letter with a list of medications. As a result, there are no current medications documented in the medical record. Utilization review indicates the maximum dose for Nabumatone is 2000 mg/day. The treating provider is reportedly prescribing Nabumatone 750 mg three times per day. This exceeds the recommended daily allowance at 2250 mg/day. Consequently, absent clinical documentation with a separate cover letter containing all medications, Nabumatone 750mg #120 is not medically necessary.