

<b>Case Number:</b>	CM15-0148306		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 27 year old female, who sustained an industrial injury on 12-4-13. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbar lumbosacral disc degeneration, and sciatica. Treatment to date has included acupuncture, chiropractic treatment, physical therapy, a home exercise program and medication. The injured worker had been taking Nabumetone since at least 2-5-15. The treating physician noted the injured worker had taken Tylenol with Codeine in the past and it helped her sleep. On 6-9-15 pain was rated as 8 of 10 without medication and 4-5 of 10 with medication. Currently, the injured worker complains of low back pain with radiation to bilateral legs with numbness and weakness on the right. The treating physician requested authorization for Nabumetone 500mg #120 with 3 refills and Tylenol with Codeine No. 3 #30 both for the date of service 6-9-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 500mg 1-2 tablets every 12 hours as needed for pain with 3 refills #120 (DOS: 06/09/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months in combination with opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risk. Pain reduction attributed to NSAID vs. opioid is unknown. The claimant still required invasive procedures for improvement in function. Continued use of Nabumetone on 6/9/15 is not medically necessary.

**Tylenol with Codeine No. 3 300-30mg 1 tablet per oral at bedtime as needed for severe pain #30 (DOS: 06/09/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11, 12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Tylenol with codeine contains an opioid which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including Tramadol for 6 months. Pain reduction attributed to NSAID vs. opioid is unknown. There was no mention of Tylenol, Tricyclic or weaning failure. The claimant still required invasive procedures for improvement in function. The continued use of Tylenol w/codeine on 6/9/15 is not medically necessary.