

<b>Case Number:</b>	CM15-0161404		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/22/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Texas, 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 was a 41 year old female, who sustained an industrial injury, June 22, 2013. The injured worker previously received the following treatments Aspirin, physical therapy, steroid injections in the back, occasional uses a shoe lift due to old fracture of the right lower extremity, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities which revealed an abnormal NCS and EMG study of the lower extremities, bilateral L4 and L5 lumbar radiculopathy and degeneration in the left tibialis anterior muscle with neuromyotonia and CRD, lumbar spine x-rays, cyclobenzaprine, Gabapentin and Nabumetone-Relafen. The injured worker was diagnosed with lumbar disc displacement without myelopathy, unspecified disorder of the ankle and foot and chronic low back pain. According to progress note of June 30, 2015, the injured worker's chief complaint was left sided low back pain, which increased with activity. The injured worker reported intermittent stabbing pain in the left side and in the lower back. The injured worker continued to report numbness in the left foot. The pain increased with walking and lifting. The pain improved with rest and medications. The physical exam noted there was atrophy present at the left lower extremity. The muscle strength of the right lower extremity was within normal limits. The left lower extremity noted weakness with flexion, extension, ankle dorsiflexion and ankle planter flexion of 4 out of 5. The treatment plan included prescription for Nabumetone-Relafen. The medication list includes Flexeril, Nabumatone, and Gabapentin The patient's surgical history includes back surgery laminectomy in 2012. Patient had received lumbar ESIs for this injury. The patient has had EMG of lower extremity on 7/28/14 that revealed lumbar radiculopathy; MRI of the lumbar spine on 8/2/14

that revealed disc protrusion and foraminal narrowing. The patient has a history of right lower extremity fracture. The patient had received an unspecified number of PT visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nabumetone-Relafen 500mg #90 (once every 2 hours):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Request: Nabumetone-Relafen 500mg #90 (once every 2 hours Nabumetone belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Nabumetone for this injury. The injured worker was diagnosed with lumbar disc displacement without myelopathy, unspecified disorder of the ankle and foot and chronic low back pain. According to progress note of June 30, 2015, the injured worker's chief complaint was left sided low back pain, which increased with activity. The injured worker reported intermittent stabbing pain in the left side and in the lower back. The injured worker continued to report numbness in the left foot. The physical exam noted there was atrophy present at the left lower extremity. The left lower extremity noted weakness with flexion, extension, ankle dorsiflexion and ankle plantar flexion of 4 out of 5. The patient's surgical history includes back surgery- laminectomy in 2012. The patient has had EMG of lower extremity on 7/28/14 that revealed lumbar radiculopathy; MRI of the lumbar spine on 8/2/14 that revealed disc protrusion and foraminal narrowing. The patient has a history of right lower extremity fracture. The pt has chronic pain with significant abnormal objective findings on physical exam and diagnostic studies. NSAIDS like Nabumetone are first line treatments to reduce pain. Nabumetone-Relafen 500mg #90 (once every 12 hours) is medically necessary.