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| <b>Case Number:</b>   | CM15-0193255 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 06/25/2015 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 09/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2015 |

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 24 year old female with a date of injury of June 25, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for low back strain. Medical records dated July 8, 2015 indicate that the injured worker complained of frequent to continuous and moderate to severe back pain that occasionally radiates to the buttocks. A progress note dated August 25, 2015 documented complaints similar to those reported on July 8, 2015. The report also indicates that the prescribed Meloxicam and Flexeril "Have not provided much relief". Per the treating physician (August 25, 2015), the employee was released to modified work duties but her employer could not accommodate the restrictions. The physical exam dated July 8, 2015 reveals relatively flat affect, tenderness along the lumbosacral spine less so over the sacroiliac joints and sciatic notches, moderated restricted range of motion of the trunk due to pain, and exacerbation of pain with sitting straight leg raise. The progress note dated August 25, 2015 documented a physical examination that showed no changes since the examination on July 8, 2015. Treatment has included six sessions of physical therapy, imaging studies, and medications (Norco, Flexeril, and Meloxicam since at least July of 2015 and discontinued on August 25, 2015). The original utilization review (September 1, 2015) non-certified a request for Nabumetone 750mg and Gabapentin 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Nabumetone 750mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The patient presents with chronic back pain. The request is for Nabumetone 750mg. The request for authorization is dated 08/25/15. Physical examination reveals normal appearance to neck and back. Tender and tight along much of back, especially lower back. Trunk movements slightly to moderately limited by back pain. Full range of motion at neck. No neurological deficit. Patient completed six prescribed physical therapy. She remains significantly symptomatic and impaired with function, in spite of time and conservative care. Patient encouraged to continue with exercises, as previously instructed by physical therapist. Per progress report dated 08/25/15, the patient is recommended modified work. MTUS, NSAIDs, specific drug list & adverse effects Section, pages 72 and 73 states: "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)" MTUS, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Per progress report dated 08/25/15, treater's reason for the request is "Substitute nabumetone for meloxicam." This appears to be the initial trial prescription for Nabumetone. Since this is the initial prescription of this medication, the treater has not had the opportunity to discuss or document the medication efficacy. Therefore, the request IS medically necessary.

### **Gabapentin 100mg: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents with chronic back pain. The request is for Gabapentin 100mg. The request for authorization is dated 08/25/15. Physical examination reveals normal appearance to neck and back. Tender and tight along much of back, especially lower back. Trunk movements slightly to moderately limited by back pain. Full range of motion at neck. No

neurological deficit. Patient completed six prescribed physical therapy. She remains significantly symptomatic and impaired with function, in spite of time and conservative care. Patient encouraged to continue with exercises, as previously instructed by physical therapist. Per progress report dated 08/25/15, the patient is recommended modified work. MTUS Guidelines, Gabapentin section on pg 18, 19 states, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per progress report dated 08/25/15, treater's reason for the request is "Substitute gabapentin for Flexeril." This appears to be the initial trial prescription for Gabapentin. Since this is the initial prescription of this medication, the treater has not had the opportunity to discuss or document the medication efficacy. Therefore, the request IS medically necessary.