

<b>Case Number:</b>	CM15-0196344		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/22/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 41 year old male sustained an industrial injury on 6-22-13. Documentation indicated that the injured worker was receiving treatment for lumbar disc displacement. Previous treatment included L4-5 bilateral laminectomy (12-11-14), physical therapy, epidural steroid injections and medications. Past medical history was significant for hypertension and diabetes mellitus. In a visit note dated 6-30-15, the injured worker complained of left sided low back pain with intermittent radiation down the left leg and numbness of the left foot. The injured worker reported that Relafen decreased his pain. The physician documented that magnetic resonance imaging lumbar spine (8-2-14) showed mild disc bulging and protrusion at L3-4 and L4-5 with foraminal stenosis at left L4-5. Electromyography and nerve conduction velocity test bilateral lower extremities (7-28-14) showed bilateral L4 and L5 radiculopathy. Physical exam was remarkable for 4 out of 5 left lower extremity strength. The physician noted that the injured worker had not needed medication refills since February. The injured worker only took medications as needed. The treatment plan included continuing physical therapy and refilling medications (Relafen, Gabapentin and Flexeril). In a Utilization Review treatment appeal dated 9-15-15, the injured worker continuing ongoing left low back pain that increased with activity, rated 2 out of 10 on the visual analog scale with intermittent radiation of pain down the left leg and left foot numbness. The injured worker reported taking Relafen approximately four days per week for pain and inflammation, Gabapentin for neuropathic symptoms and insomnia and Flexeril for spasms. The injured worker stated that Relafen decreased his pain to 0 out of 10 with

100% reduction in pain, allowing him to perform activities of daily living and home exercise better. The physician noted that the injured worker had tried Ibuprofen in the past but continued to have pain. Physical exam was remarkable for left lower extremity with 4 out of motor strength, dextroscoliosis at the thoraco-lumbar spine with limited range of motion and decreased sensation at the L4-5 distribution. The physician recommended continuing Relafen. On 10-1-15, Utilization Review noncertified a request for Relafen 500mg #30.

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

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

#### **Nabumetone-Relafen 500mg #30: Overturned**

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

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

**Decision rationale:** The patient presents on 09/15/15 with lower back pain rated 2/10, which radiates into the bilateral lower extremities. The patient's date of injury is 06/22/13. The request is for Nabumetone-Relafen 500MG #30. The RFA is dated 09/23/15. Physical examination dated 09/15/15 reveals a right lower extremity which is shorter than the left, limited lumbar range of motion, decreased sensation in the L4 and L5 dermatomal distribution on the left, and significantly decreased strength during ankle dorsiflexion on the left. The patient is currently prescribed Relafen, Gabapentin, and Flexeril. Patient is currently working full duties. MTUS Guidelines, 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 non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. In regard to Relafen for this patient's chronic lower back pain, the request is appropriate. Addressing efficacy, progress note dated 09/15/15 has the following: "The patient does find Nabumetone to be helpful both in terms of pain relief and functional improvement. He states that when he takes medications, including Nabumentone, his pain decreases from 2/10 to 0/10 on a VAS scale." Given the conservative nature of this medication and the documentation of efficacy and functional improvement provided, the continued use of Relafen is substantiated. The request IS medically necessary.