

<b>Case Number:</b>	CM15-0201294		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: North Carolina  
 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:

This 57 year old female sustained an industrial injury on 4-28-12. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar radiculopathy. Previous treatment included epidural steroid injections, lumbar brace and medications. In a PR-2 dated 4-9-15, the injured worker reported that she had fallen and sprained her left ankle. The injured worker reported that her fall was secondary to back pain. The injured worker reported having no significant change in her ongoing back pain. physical exam was remarkable for lumbar spine with pain upon range of motion, anterior flexion 60 degrees, extension 15 degrees, absent left patellar and bilateral Achilles deep tendon reflex, positive right straight leg raise and decreased sensation at the left L4, L5 and S1 distribution. The physician stated that there had been no significant changes in the injured worker physical exam. The physician noted that the injured worker was very sensitive to non-steroidal anti-inflammatory medications with severe gastrointestinal reaction. The injured worker had been denied Duexis and Theramine, as such, the physician stated that he would try a different non-steroidal anti-inflammatory medication. The treatment plan included a prescription for Nabumetone and requesting a second lumbar epidural steroid injection. In a PR-2 dated 6-18-15, the injured worker reported "up and down" with her back pain, especially with left radicular pain. The physician stated that Celebrex was not providing pain relief and that the injured worker seemed to be responding more to Nabumetone. The treatment plan included continuing Nabumetone, Protonix and Effexor. The injured worker received a Toradol injection during the office visit. In a PR-2 dated 8-20-15, the injured worker continued to report "up and down" with her back and left radicular pain. Physical exam was

unchanged. The treatment plan included continuing Nabumetone, Protonix and topical cream and trying Effexor for depression. On 9-23-15, Utilization Review noncertified a request for Nabumetone 750mg #60 with one refill.

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

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

**Nabumetone 750mg #60 with one refill:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.