

<b>Case Number:</b>	CM15-0221375		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	06/07/2005
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, Georgia  
 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 62 year old male injured worker suffered an industrial injury on 6-7-2005. The diagnoses included lumbar facet arthropathy, chronic opioid therapy, lumbar strain -sprain, and left lumbar radiculitis. On 10-28-2015 the provider reported the pain had gotten worse rated 7 out of 10 that was sharp, burning, throbbing and pins and needles. He had been off Norco and had noted increased pain. On exam there was tenderness in the lumbar paraspinal muscles with reduced range of motion along with positive lumbar facet stress test. On 9-9-2015, the provider noted the injured worker had been taking Anaprox at least since 6-2015. The medical record did not include evidence of the start date of Nabumetone and discontinuation of Anaprox along with the rationale for medication change. The effectiveness of the Nabumetone was not included. Clinical Indication for Terocin patch was not included in the medical record. Request for Authorization date was 10-28-2015. Utilization Review on 11-9-2015 determined non-certification for Retrospective DOS 10-28-2015 Nabumetone 750mg #60 and Retrospective DOS 10-28-2015 Terocin patches #10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS 10/28/2015 Nabumetone 750mg #60: Upheld**

**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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. There is no documentation of response to this dose or of any trials of lower doses of Nabumetone 750 mg # 60. Nabumetone 750 mg # 60 is not medically necessary.

**Retrospective DOS 10/28/2015 Terocin patches #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Terocin patches contain menthol and lidocaine. Menthol is not a recommended topical analgesic. Lidocaine is to be used with extreme caution due to risks of toxicity. As such, Terocin patches are not medically necessary and the original UR decision is upheld.