

<b>Case Number:</b>	CM15-0034026		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	03/30/2004
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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:

The injured worker is a 54-year-old male, who sustained an industrial injury on 3/30/04. He has reported low back pain. The diagnoses have included sciatic pain left lower extremity, low back pain and sciatica. Treatment to date has included physical therapy and oral medications. Currently, the injured worker complains of chronic low back pain, described as constant, aching and throbbing with radiation to bilateral legs with occasional numbness. Physical exam dated 1/15/15 noted lumping spasm in lumbar paravertebral region, tenderness in right and left lumbar paravertebral regions and left sacroiliac joint at L4-5 and L5-S1, range of motion of lumbar is limited by pain. On 1/27/15, Utilization Review submitted a modified certification for Nabumetone 750mg #90 modified to #60, noting it is used to assist in tapering of the concurrent certification of OxyContin. The ODG was cited. On 2/18/15, the injured worker submitted an application for IMR for review of Nabumetone 750mg #90 modified to #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Nabumetone 750mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Relafen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The 54-year-old patient complains of low back pain, rated at 7/10, that radiates to bilateral legs to produce occasional numbness, as per progress report dated 01/19/15. The request is for (1) PRESCRIPTION OF NABUMETONE 750 mg # 90. The RFA for this case is dated 01/20/15, and the patient's date of injury is 03/30/04. The patient is status post laminectomy in 2005, as per progress report dated 01/19/15. Diagnoses included radiculopathy, muscle spasms, and lumbosacral spondylosis. Medications, as per the same report, included Norco, OxyContin, Venlafaxine, and Nabumetone. The patient's condition is permanent and stationary, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Nabumetone is only mentioned in progress report dated 01/19/15. None of the prior reports documents the use of NSAIDs. The treater states that Nabumetone has been prescribed "as an adjuvant medication to assist with his weaning protocol." The request is reasonable, and IS medically necessary.