

<b>Case Number:</b>	CM14-0135954		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 37 year old female who reported an injury on 01/29/2010 due to lifting and pushing boxes over her head. Her diagnoses consisted of right shoulder pain, a SLAP tear in her right shoulder with supraspinatus tendinosis and thoracic spine and low back pain. Her past treatments included medications, physical therapy, and chiropractic treatment. Her diagnostic tests consist of an MRI on 08/10/2011 that revealed a SLAP tear in the right shoulder. On 07/16/2014, the injured worker's medications were noted to include Norco, Ibuprofen, and Biofreeze gel. It was noted that, with medications, she was able to bring her pain down to 5/10 from 6/10 to 7/10 without medication. It was also noted that the medication takes effect within 15 minutes and last for 3 hours, and with medication, she was able to do light housework and walk. It was also noted that she denied adverse side effects and that she felt her medications were productive. The objective findings noted no significant changes. It was noted that she was provided with Norco, Relafen, Celexa, and Biofreeze. A request was received for Nabumetone tablets, 2 times per day, 750mg for the right shoulder date of service 7/16/2014. However, the rationale for the request was not provided. The Request for Authorization form was submitted on 08/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone tablets, 2 times per day, 750mg for the right shoulder date of service 7/16/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Nabumetone tablets 2 times per day, 750 mg for the right shoulder date of service 07/16/2014 is not medically necessary. The injured worker has a history of right shoulder pain, a SLAP tear in her right shoulder with supraspinatus tendinosis and thoracic spine and low back pain. The California MTUS Guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. Furthermore, the guidelines state it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals for associated risk of adverse reactions. The injured worker was initially prescribed nabumetone on 07/16/2014 to treat her right shoulder pain. However, it was also noted that she was taking ibuprofen at that time and the documentation showed that she reported significant pain relief and increased function with that medication. The clinical information did not clearly indicate that ibuprofen was being discontinued in favor of nabumetone. Therefore, clarification is needed regarding the prescription of nabumetone and whether ibuprofen was to be continued as the addition of another NSAID would not be supported. Additionally, the request, as submitted, did not specify a quantity. As such, the request for Nabumetone tablets 2 times per day, 750 mg for the right shoulder date of service 07/16/2014 is not medically necessary.