

<b>Case Number:</b>	CM14-0149159		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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:

38y/o male injured worker with date of injury 11/6/12 with related low back pain. Per progress report dated 7/29/14, the injured worker reported constant lower back pain, and pain that radiated along the posterior aspects of the right lower extremity. There was also pain and weakness in the knee. With increased intensity, the pain radiated to the right lower extremity. MRI of the lumbar spine dated 1/11/13 revealed annular bulging at L5-S1 causing moderate-to-severe right and severe left neural foraminal narrowing. Treatment to date has included physical therapy and medication management. The date of UR decision was 8/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone-Relafen 50mg take 1 q12h #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no

more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another."Per the documentation submitted for review, the injured worker does not like to use oral medications, he uses oral Nabumetone intermittently. The request is indicated for the injured worker's chronic low back pain. I respectfully disagree with the UR physician's assertion that there was no documentation of significant improvement in VAS score or functional improvement; the MTUS does not mandate the documentation of functional improvement for the ongoing use of NSAIDs. The request is medically necessary.

**Diclofenac Sodium 1.5 percent 60gm, #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). In general, the use of topical and compound medication has not been shown to result in superior systemic blood levels versus appropriately used oral medications in FDA approved dosages. Topical agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine. The long term use of NSAIDs is not without significant Cardiovascular, GI and Renal risks. The use should be limited to brief periods of time. As efficacy is not established, the request is not consistent with the guidelines" The documentation submitted for review contains no evidence that the injured worker has been diagnosed with tendinitis or osteoarthritis. The request is not medically necessary.