

<b>Case Number:</b>	CM14-0180617		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in 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:

The injured worker is a 49 year-old female with an original date of injury on 9/12/2014. The mechanism of injury was while kneeling down and cleaning a balcony, the patient felt a pain in her knee. When she stood up, she felt a sharp pain and heard a pop. The industrially related diagnoses are left knee strain and tendonitis. The patient had x-ray of the left knee revealed no fracture and narrowing of the joint spaces, however, a report of the x-ray was not provided. Conservative care has included multiple pain medications including cyclobenzaprine, hydrocodone, and ibuprofen, as well as using a lumbar back support and carpal tunnel brace. The disputed issue is nabumetone 750mg. A utilization review dated 10/18/2014 has non-certified this request. The stated rationale for denial was there was no clear detail provided as to why the patient requires this particular prescription of anti-inflammatory and how this has been helpful from a functional standpoint as compare to using over the counter anti-inflammatory medication. Therefore, this request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 67-72 of 127.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) Page 67-69 of 127 Non-steroidal anti-inflammatory drugs (NSAIDs) Specific recommendations: Osteoarthritis (including knee and hip): 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) (Laine, 2008) Nabumetone (Relafen , generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. Regarding the request for Relafen (nabumetone), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. On a progress note dating 9/12/2014, patient was noted to be taking ibuprofen, Norco, and cyclobenzaprine. Within the documentation available for review, there is no indication the patient has not had functional benefit from ibuprofen or any side effects of ibuprofen that would warrant trying a different type of anti-inflammatory medication. In the absence of such documentation, the currently requested Relafen is not medically necessary.