

<b>Case Number:</b>	CM15-0016962		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 58 year old male, who sustained an industrial injury on 10/07/2013. He has reported pain in the low back and neck. The diagnoses have included lumbar spine sprain/strain; lumbosacral spondylosis; displacement lumbar intervertebral disc; and cervical spondylosis. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, TENS unit, and home exercise. Medications have included Nabumetone and Gabapentin. Currently, the injured worker complains of low back pain with radicular symptoms that extend into the left lower extremity and left buttock; and neck pain with numbness and tingling that occurs in the bilateral upper extremities. A treating physician's progress note, dated 01/23/2015, reported objective findings to include excellent functional benefits from medications and acupuncture. The treatment plan included request for acupuncture sessions; and prescriptions for medications including Gabapentin and Nabumetone. On 01/27/2015 Utilization Review noncertified a prescription for Nabumetone/Relafen 500 mg #90. The CA MTUS was cited. On 01/29/2015, the injured worker submitted an application for IMR for review of Nabumetone/Relafen 500 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone/Relafen 500mg #90:** Upheld

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

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

**Decision rationale:** The patient presents with chronic neck and back pain. The request is for NABUMETONE /RELAFEN 500 MG #90. The RFA provided is dated 01/02/15. Patient's diagnosis included lumbar spine sprain/strain, lumbosacral spondylosis, displacement lumbar intervertebral disc, and cervical spondylosis. Patient is to return to modified duty. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The prescription for Nabumetone / Relafen was first mentioned in the medical report dated 06/30/14 and it appears that the patient has been taking it at least since then. In this case, the treater does not document how this medication has been effective in management of pain and function. Therefore, the request IS NOT medically necessary.