

<b>Case Number:</b>	CM15-0127744		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Emergency Medicine

### 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 57-year-old female who sustained an industrial injury on 2/19/2013 resulting in low back, neck, and right shoulder pain. She was diagnosed with right shoulder adhesive capsulitis; right shoulder labral tear; low back pain; lumbar degenerative disc disease; lumbar radiculopathy; cervical degenerative disc disease; and, cervical radiculopathy. Documented treatment has included right rotator cuff reconstruction; physical therapy, which she reported as helping with shoulder symptoms; and, oral and transdermal medications which she has said provides temporary pain relief. The injured worker continues to report ongoing pain in her right shoulder, neck, and low back radiating down her left lower extremity. Symptoms interfere with mobility and activities of daily living. The treating physician's plan of care includes Nabumatone, 500mg. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumatone 500mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67, 68, 72, 73.

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

**Decision rationale:** Nabumetone is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on nabumetone chronically with documentation of minimal benefit. Chronic use of Nabumetone is not recommended due significant long-term side effects. Nabumetone is not medically necessary.