

<b>Case Number:</b>	CM15-0174604		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old female patient who sustained an industrial injury on 4-9-15. The diagnoses include dysfunction SI joint, contusion knee and contusion leg. She sustained the injury due to slip and fall in walk in freezer. Per the doctor's note dated 7-29-15 she had complaints of low back and left hip pain. The physical examination revealed lower back pain, left FABER test positive and ambulation with limp. Provider documentation dated 7-29-15 noted the work status as return to modified work on 7-29-15. The medications list includes Gabapentin since at least April of 2015, Nabumetone since at least June of 2015, Norco since at least April of 2015, Tizanidine since at least April of 2015, Diclofenac since at least April of 2015. She was prescribed tylenol, soma and naproxen in ED. She has had lumbar spine MRI dated 8/11/15 which revealed normal findings; left hip radiographic studies, left knee radiographic studies, magnetic resonance imaging of pelvis, magnetic resonance imaging of left hip; CT scan of the head, thoracic spine, cervical spine and lumbar spine. She has had physical therapy visits for this injury. The original utilization review (8-25-15) denied a request for Nabumetone 750 milligrams as needed quantity of 60 times 2 refills and Gabapentin 300 milligrams 2 times daily quantity of 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750mg, as needed, #60 x 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Nabumetone 750mg, as needed, #60 x 2 refills. Nabumetone is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has had low back and left hip pain. She has objective findings on the physical examination lower back pain, left FABER test positive and ambulation with limp. NSAIDs are considered first line treatment for pain and inflammation. The request for Nabumetone 750mg, as needed, #60 x 2 refills is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

**Gabapentin 300mg, 2x daily #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Gabapentin 300mg, 2x daily #60. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial." (Arnold, 2007). She has objective findings on the physical examination lower back pain, left FABER test positive and ambulation with limp. Gabapentin is recommended as a trial in patients with fibromyalgia, which is a condition that is associated with chronic myofascial pain. According to the records provided this patient has had chronic low back and left hip pain. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 300mg, 2x daily #60 is medically appropriate and necessary for this patient.