

<b>Case Number:</b>	CM13-0068049		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for Carpal Tunnel Syndrome, and De Quervain's Tenosynovitis associated with an industrial injury date of June 13, 2013. Treatment to date has included wearing of spica wrist brace, physical therapy, restriction of activity, corticosteroid injection and pain medications such as Tramadol, Voltaren, Etodolac, and Naproxen. Medical records from 2013 to 2014 were reviewed showing that patient complains of continued sharp, shooting, moderately severe pain and paresthasias of the right hand in the median nerve distribution. The patient has difficulty driving the car. Upon physical exam sensation to light touch was decreased on the areas of the median nerve distribution on the right. There was also tenderness on the first dorsal compartment. Positive Phalen's and Durkan's median compression tests on the right were noted. Patient was previously diagnosed and treated as a case of De Quervain's Tenosynovitis. Electrodiagnostic study performed last August 23, 2013 was interpreted as normal. Utilization review from November 26, 2013 denied the request for Relafen 750mg BID PRN on the basis that NSAIDs are not recommended as first line treatment for Carpal Tunnel Syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RELAFEN 750MG BID PRN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, NSAIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 Page(s): 68; 72.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines on non-selective NSAIDs page 72 states that nabumetone (Relafen) is recommended for osteoarthritis. Page 68 states that there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, patient has a chronic case of right wrist pain presenting as a case of De Quervain's tenosynovitis, as well as carpal tunnel syndrome, diagnosed clinically. Patient has been on multiple oral and topical medications, however, without pain relief noted. A progress report, dated 10/25/2013, stated that Relafen is for breakthrough pain. The medical necessity for its use has been established. However, the present request does not specify the quantity to be dispensed. Therefore, the request for Relafen 750mg bid prn is not medically necessary.