

<b>Case Number:</b>	CM13-0070677		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/03/2007
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational 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 applicant is a represented painter who has filed a claim for chronic wrist, low back, knee, and ankle pain reportedly associated with an industrial injury of June 3, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; electrodiagnostic testing of January 31, 2012, notable for mild carpal tunnel syndrome; consultation with a shoulder surgeon, who diagnosed the applicant with shoulder arthritis; muscle relaxants; and NSAIDs. In a Utilization Review Report of November 26, 2013, the claims administrator retrospectively denied a request for Relafen, citing lack of supporting information. The applicant's case and care have been complicated by comorbid diabetes, it is incidentally noted. The applicant's attorney appealed the denial. In a December 12, 2013 progress note, the applicant's primary treating provider (PTP) writes that the applicant has had slowly progressing pain to all joints, including the shoulders, elbows, wrists, knees, ankles, and low back. The applicant was off of work, on total temporary disability, for a year, it is stated. Physical therapy was not helpful, it is stated. The applicant reportedly states that he were managing his home and his property, it is stated. The applicant is using Norco, Relafen, metformin, and benazepril. It is stated that the applicant has fairly pronounced knee arthritis as well as meniscal derangement. Authorization is sought for medial meniscectomy. In a December 4, 2013 progress note, the attending provider further writes that the applicant has severe arthritis, multifocal, particularly about the knee joints. The attending provider states that Relafen has been beneficial, as the applicant is able to use the same to help move around, walk, and maintain his home and property.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg #60 (dispensed):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen) Section. Page(s): 72.

**Decision rationale:** As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, nabumetone or Relafen is indicated in the treatment of arthritis. In this case, the applicant reportedly has advanced multifocal arthritis, most pronounced about the knee joints. The attending provider has posited that ongoing usage of Relafen has helped the applicant stay active, move around, and maintain his home and property. Continuing the same, on balance, is indicated as there is some evidence of functional improvement as defined in MTUS 9792.20f which would justify continuing Relafen. Accordingly, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.