

Case Number:	CM14-0165023		
Date Assigned:	10/17/2014	Date of Injury:	09/28/2012
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Practice 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:

65 year old female claimant sustained a work injury on 9/28/12 involving her wrists. She was diagnosed with right forearm tendonitis, right elbow subluxation and diabetic peripheral neuropathy. She had been on Relafen (Nabumetone) and Prilosec for several months to manage pain and for gastrointestinal (GI) protection. A progress note on 7/16/14 indicated the claimant had right wrist tenderness with a positive Phalen's signs. She was continued on Relafen and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore,

the continued use of NSAIDs as below is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

Nabumetone 500 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain guidelines and NSAIDs

Decision rationale: Relafen (Nabumetone) is an NSAID. According to the MTUS guidelines, NSAIDs are appropriate for back and knee pain. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. In this case, the claimant had been on Relafen for several months and required a PPI for GI protection. There was no indication of failure of 1st line pain medications such as Tylenol. The claimant had persistent pain without noted improvement in function with Relafen use or subjective pain score response. Continued use of Relafen is not medically necessary.