

<b>Case Number:</b>	CM14-0023834		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Emergency 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 injured worker is a 66 year-old male, who sustained an injury on July 1, 2008. The mechanism of injury is not noted. Pertinent diagnostics are not noted. Treatments have included: physical therapy, medications. The current diagnoses are right lateral epicondylitis, radial tunnel syndrome. The stated purpose of the retrospective request for Nabumetone 750mg #60 was not noted. The retrospective request for Nabumetone 750mg #60 was denied on February 17, 2014, citing that OTC anti-inflammatory medications are sufficient. The stated purpose of the retrospective request for Dendracin (Capsaicin 0.0375%/Methyl-Salicylate 30%) 60ml #1 was not noted. The retrospective request for Dendracin (Capsaicin 0.0375%/Methyl-Salicylate 30%) 60ml #1 was denied on February 17, 2014, citing that ingredients can be found over the counter. Per the report dated February 4, 2014, the treating physician noted no change in symptoms. Exam findings included right lateral epicondyle tenderness; pain with resisted wrist extension, middle finger extension and forearm supination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Nabumetone 750MG #60 (DOS: 01/07/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The retrospective request for Nabumetone 750MG #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, page. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The treating physician has documented right lateral epicondyle tenderness; pain with resisted wrist extension, middle finger extension and forearm supination. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use which has been prescribed since January 7, 2014, or hepatorenal lab testing. The criteria noted above not having been met, the retrospective request for Nabumetone 750MG #60 is not medically necessary.

**Retrospective: Dendracin (Capsaicin 0.0375%/Methyl-Salicylate 30%) 60ML #1 (DOS: 01/07/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The retrospective request for Dendracin (Capsaicin 0.0375%/Methyl-Salicylate 30%) 60ml #1 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The treating physician has documented right lateral epicondyle tenderness; pain with resisted wrist extension, middle finger extension and forearm supination. The treating physician has not documented trials of anti-depressants or anticonvulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, the retrospective request for Dendracin (Capsaicin 0.0375%/Methyl-Salicylate 30%) 60ml #1 is not medically necessary.