

<b>Case Number:</b>	CM14-0202465		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/05/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Interventional spine 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 a 60-year-old female with date of injury of 06/05/2011. The listed diagnoses from 11/07/2014 are: 1. Left wrist fracture from 06/05/2011 with ulnar styloid nonunion surgical repair from 06/26/2014. 2. Left shoulder pain with rotator cuff tendonitis, medial/lateral epicondylitis. According to this report, the patient complains of left wrist pain. She was told that the surgery that she had apparently has deteriorated and has gone to nonunion. The patient reports persistent pain affecting the left hand and left wrist. Medications include tramadol and nabumetone. The examination shows the patient is wearing a neoprene soft splint. She reports pain throughout the wrist more prominent over the distal ulnar and at the ulnar carpal space. The wrist is not palpated because of the known defect associated with the patient's injury. Active flexion and extension of the wrist are about 10 degrees. Radial and ulnar deviation is about 10 degrees. Motor strength and sensation are intact in all fingers of the left hand. The documents include an arthroscopic operative report of the left wrist from 06/26/2014, MRI of the left wrist from 05/06/2013, x-ray of the left hand from 04/16/2013 and treatment reports from 04/18/2014 to 11/07/2014. The utilization review modified the request to #60 with 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 500mg #60 with 3 refills: Upheld**

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

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

**Decision rationale:** This patient presents with left wrist pain. The patient is status post left wrist arthroscopy from 06/26/2014. The treater is requesting NABUMETONE 500 MG QUANTITY #60 WITH 3 REFILLS. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed nabumetone on 05/27/2014. None of the reports from 04/18/2014 to 11/07/2014 mentioned medication efficacy as it relates to the use of nabumetone. While the patient may benefit from an anti-inflammatory following her recent left wrist arthroscopy, none of the reports document functional improvement while utilizing this medication. Given the lack of documented medication efficacy including decreased levels of pain and functional improvement while utilizing nabumetone, the request IS NOT medically necessary.