

<b>Case Number:</b>	CM15-0102822		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	11/28/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 34 year old male, who sustained an industrial injury on 11/28/13. The diagnoses have included pain in the left shoulder joint. Treatments to date have included medications, off work, activity modifications, and cortisone injection with no relief. Currently, as per the physician progress note dated 5/5/15, the injured worker complains of chronic left shoulder pain rated 3-4/10 on pain scale and aggravated by any repetitive activity. The injured worker reports that he will be starting a Functional Restoration Program. He reports severe fatigue, dizziness, headaches, blurred vision, poor concentration, numbness and weakness and depression. The objective findings reveal that the left shoulder exam reveals tenderness to palpation over the anterior left shoulder joint and acromioclavicular joint. The range of motion of the left shoulder is decreased by 20 percent with flexion and abduction and decreased by 30 percent with internal rotation and 10 percent with external rotation and 20 percent with extension. The current medications included Nabumetone-relafen, Diclofenac and Gabapentin. There was no urine drug screen reports noted in the records. The injured worker is not working at this time. The physician requested treatments included Nabumetone Relafen 500mg #60 and Diclofenac sodium 1.5% #2 to help with pain and function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone Relafen 500mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 67-71.

**Decision rationale:** The injured worker sustained a work related injury on 11/28/13. The medical records provided indicate the diagnosis of left shoulder joint. Treatments to date have included medications, off work, activity modifications, and cortisone injection with no relief. The medical records provided for review do not indicate a medical necessity for Nabumetone Relafen 500mg #60. Nabumetone (Relafen) is an NSAID. The MTUS recommends the lowest dose for the shortest period in patients with moderate to severe pain. Although the medical records lack information of the duration of treatment with this medication, the medical records indicate it has not been beneficial. The MTUS recommends discontinuation of a particular type of treatment if it is found to be ineffective. The request is not medically necessary.

**Diclofenac sodium 1.5% #2: 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.

**Decision rationale:** The injured worker sustained a work related injury on 11/28/13. The medical records provided indicate the diagnosis of left shoulder joint. Treatments to date have included medications, off work, activity modifications, and cortisone injection with no relief. The medical records provided for review do not indicate a medical necessity for Diclofenac sodium 1.5% is a topical analgesic. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS recommends the use of Diclofenac as Voltaren Gel 1% (diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The records indicate injured worker has not benefited from the use of this medication; besides, there was no documented failure of treatment of first line. Therefore the request is not medically necessary.