

<b>Case Number:</b>	CM15-0104246		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31 year old female who sustained an industrial injury on 04/19/13. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include right shoulder and elbow as well as bilateral hand/wrist pain. Current diagnoses include right shoulder impingement/bursitis, right shoulder acromioclavicular arthrosis, right elbow cubital tunnel syndrome and lateral epicondylitis, bilateral carpal tunnel syndrome, and right wrist de Quervain's syndrome. In a progress note dated 02/26/15 the treating provider reports the plan of care as an electrodiagnostic study of the upper extremities, additional physical therapy to the right shoulder, elbow, and wrist, as well as topical ketoprofen and oral Relafen. The requested treatments include acupuncture, nabumeton, and Relafen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient presents with right-sided neck pain radiating into bilateral upper extremities, worse on the right than the left with weakness in the right upper extremity. The current request is for Acupuncture 2 x 6 for the right shoulder, bilateral upper extremity and bilateral wrist. No RFA or PR-2 requesting this treatment was included for review. The clinical history provided does not document that the patient has received any prior acupuncture treatments. Review of the Acupuncture Medical Treatment Guidelines (AMTG) does recommend acupuncture for the treatment of the elbow and wrist; however, AMTG does not recommend acupuncture treatment of the shoulder. AMTG states, "Time to produce functional improvement: 3 to 6 treatments." In this case, the request is for 12 sessions, which exceeds what the AMTG recommend. The current request is not medically necessary.

**Nabumetone 750mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The patient presents with right-sided neck pain radiating into bilateral upper extremities, worse on the right than the left with weakness in the right upper extremity. The current request is for Nabumetone 750mg #60. The treating physician recommends on 2/26/15 (45B) a request for authorization of Nabumetone (the generic of Relafen) be obtained, specifying the request to be for "Relafen 750mg #60" rather than a concurrent request for both Nabumetone and Relafen as stated in the Utilization Review. MTUS Guidelines state, NSAIDs are specifically recommended for Osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For patients with neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. The current request for a trial of Nabumetone is consistent with the MTUS guidelines. The request is medically necessary.

**Relafen 750mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The patient presents with right-sided neck pain radiating into bilateral upper extremities, worse on the right than the left with weakness in the right upper extremity. The

current request is for Relafen 750mg #60. The treating physician requests on 2/26/15 (45B), "Relafen 750 mg po qd prn for inflammation #60". MTUS Guidelines state, NSAIDS are specifically recommended for Osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For patients with neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. In this case, the treating physician documents that the patient suffers from neuropathic pain. Review of the clinical records provided also fails to document any prior use of Relafen prior to this request. The current request is medically necessary.