

<b>Case Number:</b>	CM15-0107568		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	01/16/2010
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, New York, California  
 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 applicant is a represented 65-year-old who has filed a claim for chronic elbow, hand, and wrist pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of January 16, 2010. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a request for Relafen (nabumetone). The applicant's attorney subsequently appealed. In a RFA form dated May 6, 2015, somewhat blurred because of repetitive photocopying, retrospective authorization for Relafen and Zolofit dispensed on April 1, 2015 was sought. In said April 1, 2015 progress note, the applicant reported ongoing complaints of bilateral upper extremity pain, exacerbated by gripping and grasping. The applicant felt depressed, fatigued, and was generally feeling down, it was reported. The applicant had undergone earlier shoulder surgery, it was reported. Ancillary complaints of headaches were noted. The applicant was on Flexeril, Neurontin, Zolofit, Relafen, Dulera, albuterol, Inderal, Zocor, Singulair, and Prilosec, it was reported in another section of the note. Permanent work restrictions, Relafen, and Zolofit were renewed. The attending provider stated that Relafen was keeping the applicant 40% pain relieved and stated that the applicant was using Relafen intermittently as opposed to regularly. In another section of the note, the attending provider stated that the applicant's functionality was improved because of ongoing pain diminution and that the applicant had been able to continue work with permanent restrictions in place. The note was, at times, difficult to follow as it did mingle historical issues with current issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone (Relafen) 500mg, #90:** Overturned

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

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

**Decision rationale:** Yes, the request for nabumetone (Relafen), an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Relafen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. Here, the attending provider's documentation and progress note of April 1, 2015 did seemingly suggest that the applicant had responded favorably to introduction of Relafen. The applicant had apparently returned to and maintained full-time work status; the treating provider suggested (but did not clearly state). Relafen was reducing the applicant's pain complaints by 40%, it was reported. It did not appear that the applicant was using opioid agents. All of the foregoing, taken together, did suggest that the applicant was profiting from ongoing Relafen usage in terms of the functional improvement parameters established in MTUS 9792.20e. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.