

<b>Case Number:</b>	CM15-0149583		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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  
 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 34 year old female, who sustained an industrial injury on 10-05-2012. She has reported injury to the bilateral hands and wrists. The diagnoses have included right wrist carpal tunnel syndrome; and right hand osteoarthritis. Treatment to date has included medications, diagnostics, bracing, injections, and physical therapy. Medications have included Tramadol, Naproxen, Tizanidine, Voltaren, Relafen, and topical Ketoprofen Cream. A progress report from the treating physician, dated 06-22-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the bilateral wrists-hands since her date of injury; she has had no significant changes and 0% improvement since her last visit; in regard to the right wrist-hand, she has sharp pain, numbness, and tingling that radiates into the first 3 digits; this pain is rated at 6-7 out of 10 on the pain scale; she gets shooting pain traveling up her right arm; she notes her right wrist-hand is worse than her left; she has trouble with holding and grasping objects because of her pain; in regard to the left wrist-hand, she has occasional soreness; she is compensating for being unable to use her right hand-wrist; this pain is rated at a 3 out of 10 on the pain scale; she has had significant improvement with her left wrist-hand; excessive movement or use causes an increase in her pain; and 12 physical therapy sessions and three cortisone injections have been given without any relief. Objective findings included she is wearing a right wrist brace; there is tenderness to palpation of the right wrist on the thenar eminence; there is mild discomfort and pain with range of motion; Tinel and Phalen tests are positive; and there is decreased median nerve sensation. The treatment plan has included the request for retrospective: trial Nabumetone 750mg #60 (date of service: 06-22-15); and retrospective: CM3 - Ketoprofen 20% #1 (date of service: 06-22-2015).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Trial Nabumetone 750mg #60 (DOS: 06/22/2015): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication, Medications for chronic pain, Criteria For Use Of Opioids Page(s): 22, 60,61, 76-78, 88,89.

**Decision rationale:** The current request is for Retrospective: Trial Nabumetone 750mg #60 (DOS: 06/22/2015). Treatment to date has included medications, diagnostics, bracing, injections, and physical therapy. The patient is TTD. MTUS Chronic Pain Guidelines, under NSAIDs, specific drug list & adverse effects, page 72 & 73 states, "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert) 72 & 73" MTUS chronic pain guidelines, under Anti-Inflammatory Medication, page 22 states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Per report 6-22-2015, the patient presents with pain in the bilateral wrists-hands that is a sharp pain, with numbness, and tingling that radiates into the first 3 digits. The treater states "in regards to medications she was provided a trial of Relafen 750mg #60 per day and trial of topical Ketoprofen cream to reduce her hand complaints." The patient presents with wrist and hand pain and the treater is attempting a trial of Relafen. MTUS states that NSAIDs are "the traditional first line of treatment to reduce pain, so activity and functional restoration can resume." The request has been prescribed in accordance with MTUS. This request IS medically necessary.

**Retrospective: CM3 - Ketoprofen 20% #1 (DOS: 06/22/2015): 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.

**Decision rationale:** The current request is for Retrospective: CM3 - Ketoprofen 20% #1 (DOS: 06/22/2015). Treatment to date has included medications, diagnostics, bracing, injections, and physical therapy. The patient is TTD. MTUS, page 111 under Topical analgesics states, Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS page 111 also states Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Per report 6-22-2015, the patient presents with pain in the bilateral wrists-hands that is a sharp pain, with numbness, and tingling that radiates into the first 3 digits. The treater states "in regards to medications she was provided a trial of Relafen 750mg #60 per day and trial of topical Ketoprofen cream to reduce her hand complaints." Regarding Ketamine, the patient has not been diagnosed with CRPS or post-herpetic neuralgia, and Ketamine has not been shown in any studies to provide functional improvement for other neuropathic pain. Therefore, this request IS NOT medically necessary.