

<b>Case Number:</b>	CM15-0162398		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 48-year-old female, who sustained an industrial injury on May 26, 2011. She reported bilateral arms and shoulders, wrist, neck pain. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included electrodiagnostic studies, physical therapy, bilateral wrist braces, psychotherapy, right wrist cortisone injection, medications and activity modification. Currently, the injured worker complains of constant, severe neck pain (left greater than right), left trapezial pain and bilateral hand and wrist pain that extends into the forearm, upper arms and shoulders. She reports intermittent numbness and tingling of her fingers on her right hand, left thumb, index, middle and ring fingers. She reports a sleep disturbance and anxiety. The injured worker is currently diagnosed with carpal tunnel syndrome. The injured worker is disabled. A note dated May 1, 2015, states the injures worker is unable to utilize her wrist braces as they no longer fit due to wrist-hand swelling. The note also states the injured worker is experiencing therapeutic efficacy from psychotherapy. A note dated July 10, 2015 states the cortisone injection to the right wrist was beneficial. A progress note dated July 16, 2015, states the injured worker has experienced therapeutic failure from occupational therapy, psychotherapy, medications and activity modification. The medications, Omeprazole 20 mg #60, to protect the stomach, and Nabumetone 500 mg #60, to reduce inflammation and alleviate pain, are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Nabumetone 500mg #60 is not medically necessary and appropriate.