

Case Number:	CM15-0164869		
Date Assigned:	09/02/2015	Date of Injury:	01/14/2015
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female, who sustained an industrial injury on 01-14-2015. She has reported injury to the left wrist, forearm, and elbow. The diagnoses have included left wrist strain; tenosynovitis of hand and wrist, not elsewhere classified; lateral epicondylitis; ulnar neuropathy. Treatment to date has included medications, diagnostics, splinting, cold therapy, occupational therapy, physical therapy, and home exercise program. Medications have included Ibuprofen and Nabumetone. A progress report from the treating physician, dated 07-09-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain along the left arm, right arm, left wrist, right wrist, and right hand; she is performing her home exercise program as outlined by prior physical therapy and this office; her medications continue to reduce her pain level with minimal side effects; with the reduction of her pain, she has improved function and activities of daily living; and her quality of life is improved as long as she takes her medications and tries to stay active. Objective findings included left wrist joint swelling; Tinel's sign is positive; tenderness to palpation is noted over dorsum of the wrist along the tendons and at the lateral epicondyle, exquisite tenderness; pain with flexion and extension of the wrist at the level of the epicondyle; and sensation is decreased in the fourth and fifth digits of the left hand with atrophy noted at the first dorsal compartment, consistent with ulnar neuropathy. The treatment plan has included the request for Nabumetone 500mg, unspecified quantity; and 2 rolls of Kinesiotape.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg, unspecified quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for left upper extremity pain as the result of repetitive keyboard motion. When seen, her BMI was over 39. There was left wrist swelling with normal range of motion. There was dorsal wrist and lateral epicondyle tenderness and pain with flexion and extension. There was decreased fourth and fifth left finger sensation with mild atrophy. Tinel's testing was positive at the wrist and elbow. Nabumetone was prescribed at 500 mg per day. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a starting dose of 1000 mg per day, which can be divided into 500 mg twice a day. In this case, the requested dosing is not consistent with guideline recommendations and cannot be accepted as being medically necessary.

2 Rolls of Kinesiotape: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Knee and Leg, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Kinesio tape (KT).

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for left upper extremity pain as the result of repetitive keyboard motion. When seen, her BMI was over 39. There was left wrist swelling with normal range of motion. There was dorsal wrist and lateral epicondyle tenderness and pain with flexion and extension. There was decreased fourth and fifth left finger sensation with mild atrophy. Tinel's testing was positive at the wrist and elbow. Nabumetone was prescribed at 500 mg per day. Kinesiotape is intended to stimulate blood flow and reduce swelling. It is commonly used as an adjunct for treatment and prevention of musculoskeletal injuries. A majority of tape applications that are reported in the literature involve non-stretch tape. Although it has gained significant popularity in recent years, there is a paucity of evidence on its use. Its use is not supported and not recommended. This request is not medically necessary.