

<b>Case Number:</b>	CM15-0185473		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 52 year old female, who sustained an industrial injury on 9-4-12. The injured worker was diagnosed as having right De Quervains, right wrist pain, right medial and lateral epicondylitis, and status post right carpal tunnel release and ulnar nerve transposition. Treatment to date has included right open carpal tunnel release and right ulnar nerve transposition on 6-18-15, right De Quervain's injections, and medication including Gabapentin, Ultram, and Foreto. Physical examination findings on 8-17-15 included pain over the first dorsal extensor compartment, a positive Finkelstein's test, and pain over the lateral epicondyle as well as diffusely down the forearm. Pain with resisted wrist extension and swelling in the palm was also noted. On 8-17-15 the treating physician noted she also can utilize Omeprazole for her gastritis. The injured worker had been taking Nabumetone and Omeprazole since at least August 2015. The injured worker's pain rating was not noted on 8-17-15 while taking the requested medications. On 8-17-15, the injured worker complained of numbness in the hands, diffuse symptoms in the right upper extremity, pain over the radial styloid, pain with motion of the thumb, pain around the elbow, difficulty with strong grasping, and pain over the ulnar aspect of her wrist. The treating physician requested authorization for Nabumetone 750mg #90 and Omeprazole 20mg #60. On 9-29-15 the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The patient presents with diagnoses that include right De Quervains, right wrist pain, right medial and lateral epicondylitis and status post right carpal tunnel release and ulnar nerve transposition. The patient currently complains of pain over the first dorsal extensor compartment, a positive Finkelstein's test and pain over the lateral epicondyle as well as diffused down the forearm. Pain with resisted wrist extension and swelling in the palm was also noted. The current request is for Nabumetone 750mg #90. Nabumetone is a non-steroidal anti-inflammatory drug (NSAID). The treating physician states in the treating report dated 8/17/15 (34B), the patient "can continue to utilize the nabumetone for the pain and inflammation of her right hand and elbow. She also can utilize omeprazole for her gastritis. This combination seems to work well to help improve her symptoms." Regarding NSAIDs, MTUS does recommend NSAIDs for first line treatment to reduce pain. MTUS additionally supports NSAIDs for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the clinical history notes this patient has been taking Nabumetone since at least August 2015 however no record of the medication's efficacy in terms of pain relief and/or function per the guidelines is documented. Instead, the clinical history notes that, "Allergies were also noted to include NSAIDs," as stated in the treating report dated 7/23/15 (20B) stating, "She had increased LFTs of an unknown cause." The utilization review dated 9/8/15 (3A) noted the UR reviewer completed a peer review conversation and that during said conversation the treating physician explained "the reported allergy to NSAIDs is not definite therefore he wanted to try a different anti-inflammatory." Given the duration of treatment with this medication, the potential allergy and a total lack of efficacy documentation, the current request is not medically necessary.

**Omeprazole 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient presents with diagnoses that include right De Quervains, right wrist pain, right medial and lateral epicondylitis and status post right carpal tunnel release and ulnar nerve transposition. The patient currently complains of pain over the first dorsal extensor compartment, a positive Finkelstein's test and pain over the lateral epicondyle as well as diffused down the forearm. Pain with resisted wrist extension and swelling in the palm was also noted.

The injured worker has been taking Nabumetone and Omeprazole since at least August 2015. The current request is for Omeprazole 20mg #60. The treating physician states in the treating report dated 8/17/15 (34B), the patient "can continue to utilize the nabumetone for the pain and inflammation of her right hand and elbow. She also can utilize omeprazole for her gastritis. This combination seems to work well to help improve her symptoms." MTUS Guidelines state omeprazole is recommended with precautions. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the documentation provided indicates that the patient has been utilizing NSAIDs with a side effect of gastritis. The Omeprazole reduces her GI complaints. The current request is medically necessary.