

Case Number:	CM15-0187557		
Date Assigned:	09/29/2015	Date of Injury:	09/03/2010
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/23/2015

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 53-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of September 3, 2010. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for Relafen. The claims administrator referenced a July 9, 2015 appeal letter in its determination, along with progress notes of August 21, 2015 and July 13, 2015. The applicant's attorney subsequently appealed. On an August 17, 2015 office visit, the applicant reported ongoing complaints of right wrist pain, exacerbated by cold weather and extended periods of activity. The applicant was on Neurontin, Topamax, and tramadol, it was stated toward the top of the note. The applicant had comorbid diabetes; it was stated in another section of the note. In another section of the note, the treating provider that the applicant's current medication list included Ultracet, Neurontin, Topamax, Protonix and Relafen, all of which were seemingly refilled. The applicant was "permanently precluded" from his usual and customary work. Gripping and grasping remained extremely problematic, the treating provider stated in various sections of the note. On a 5-page appeal letter dated September 26, 2015, the attending provider appealed the denial of Relafen, stating that the applicant's pain scores were reduced from 7/10 without medications to 4/10 with medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Relafen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledged that anti-inflammatory medication such as Relafen (nabumetone) do represent the traditional first-line treatment for various chronic pain conditions including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work, it was reported on August 19, 2015. Activities as basic as gripping and grasping remain problematic; it was reported on that date. The applicant was described as permanently precluded from work, the treating provider reported on August 19, 2015 office visit at issue. Ongoing usage of Relafen failed to curtail the applicant's dependence on opioid agents such as Ultracet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.