

Case Number:	CM15-0193636		
Date Assigned:	10/07/2015	Date of Injury:	05/03/2013
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28-year-old female with a date of industrial injury 5-3-2013. The medical records indicated the injured worker (IW) was treated for left carpal tunnel syndrome; pain in joint, shoulder-right sprain; pain in joint forearm-bilateral wrists; lesion of ulnar nerve-bilateral; and pain psychogenic, not elsewhere classified. In the progress notes (8-21-15), the IW reported continued left wrist pain since arthrotomy, neurectomy and injection was performed on the left wrist on 4-3-15. She wore a brace on the left wrist. She also reported pain, numbness and tingling in both arms from the elbows to the fourth and fifth digits and pain in the right shoulder and upper arm. Medications included Gabapentin, Nabumetone-Relafen (since 7-2015) and Pantoprazole-Protonix. On examination (8-21-15 notes), there was diffuse swelling in the right upper extremity and left elbow and wrist. Non-pitting edema was palpated in the right wrist, forearm, elbow and upper arm and the left medial elbow and wrist. Muscle tone was normal; strength was 4 out of 5 in the muscle groups tested in the upper extremities, except left arm abduction. There was pain with motion of the left elbow and the cubital tunnel was tender to palpation; Tinel's sign was positive. The right wrist, forearm, elbow, upper arm and shoulder were also tender to palpation, with pain on motion. Treatments included surgery, medications, splinting, physical therapy and activity modification. Electrodiagnostic testing on 8-10-15 was consistent with mild ulnar mononeuropathy at the right elbow. MRI of the left wrist on 10-12-13 showed dorsal ganglion cyst and negative ulnar variance with bony remodeling of the ulnar styloid, minor thinning of the triangular fibrocartilage disc, per the provider's notes on 8-21-15. The IW was on modified duty. There was no documentation of pain relief or functional improvement gained from the use of Relafen. A Request for Authorization was received for Nabumetone-Relafen 500mg, 2 to 3 times daily as needed, #90. The Utilization Review on 9-4-15 non-certified the request for Nabumetone-Relafen 500mg, 2 to 3 times daily as needed, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500mg/tab; 1 tab BID-TID PRN #90: Upheld

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

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

Decision rationale: Per CA MTUS guidelines, NSAIDs are indicated for osteoarthritis and low back pain (acute and chronic). In this case, the patient does not have any of these diagnoses, and thus the prescription for Nabumetone/Relafen is not indicated. As such, this request is not medically necessary per CA MTUS chronic pain guidelines.