

Case Number:	CM15-0206194		
Date Assigned:	10/23/2015	Date of Injury:	09/28/2012
Decision Date:	12/04/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43 year old female injured worker suffered an industrial injury on 9-28-2012. The diagnoses included carpal tunnel syndrome. On 9-11-2015 the treating provider reported right upper extremity pain with right carpal tunnel syndrome. The injured worker reported no changes in pain with persistent right hand pain with numbness and tingling. On exam there was positive Finkelstein test on the right. Nabumetone had been in use at least since 6-2015. The medical record did not include pain levels with and without medication or evidence of functional improvement with the requested treatment. Prior treatment included right carpal tunnel injections with pain relief for 3 months. The Utilization Review on 9-24-2015 determined non-certification for Retro Review Nabumetone-Relafen 500 MG Qty DOS 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Review Nabumetone-Relafen 500 MG Qty DOS 9/11/15: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 8 months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores were not noted. Continued use of Relafen is not medically necessary.