

<b>Case Number:</b>	CM15-0035519		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

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:

This 57-year-old male sustained a work related injury on 09/19/2006. According to a progress report dated 02/02/2015, the injured worker presented with chronic bilateral hand pain. He had worsening of triggering at the left ring finger and stiffness and locking with activity. Past medical history included bilateral carpal tunnel releases in 2006, right thumb trigger finger release in 2007 and hypertension and non-insulin diabetes. Current medications included Nabumetone-Relafen, Gabapentin, Lisinopril and Metformin Hcl. Physical examination demonstrated negative Tinel's of the bilateral wrists. Range of motion of the bilateral wrists was full with flexion, extension, and radial/ulnar deviations. Grip strength was decreased to 4/5 in the left hand compared to the right hand. Left 4th digit was non-tender to palpation. There was no evidence of swelling or erythema or warmth. There was no evidence of triggering or stiffness at the proximal interphalangeal, distal interphalangeal or metacarpophalangeal joints. Diagnoses included Carpal Tunnel Syndrome and Cervical Spinal Stenosis. Prescriptions were given for Gabapentin 600mg one tablet at bedtime #60 and Nabumetone-Relafen 500mg #90, take one every 8 hours anti-inflammatory quantity #180. The injured worker was permanent and stationary with permanent disability. On 02/24/2015, Utilization Review non-certified Gabapentin 600mg #60 x 60 and Nabumetone-Relafen 500mg #90 x 180. According to the Utilization Review physician, in regard to Gabapentin, there was no clear documentation of any neuropathic pain and there was no rationale for Gabapentin. Treating results of a nerve conduction study without corresponding symptoms is not appropriated. In regard to Nabumetone, the provider was recommending 500mg three times a day, which is keeping with

the guidelines. The request of #90 x 180 is unclear. The records requesting #90 x 180 was unclear. A one-month supply of #90 was recommended for certification. While on this medication, monitoring of hepatic and renal function as well as blood pressure is recommended. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 600mg #60 x 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Gabapentin 600mg #60 x 60 is not medically necessary.

**Nabumetone - Relafen 500mg #90 x 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 71-72.

**Decision rationale:** Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. Nabumetone (Relafen) is an NSAID typically prescribed for osteoarthritis. The MTUS recommends that NSAIDs be used at the lowest dose for the shortest period in patients with moderate to severe pain. The patient has been taking Relafen for at least 2 months. The medical record fails to provide documentation of objective functional improvement from taking Nabumetone. A previous utilization review

decision provided the patient with sufficient quantity of medication to be weaned slowly.  
Nabumetone - Relafen 500mg #90 x 180 is not medically necessary.