

<b>Case Number:</b>	CM14-0124336		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of April 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier multiple wrist surgeries; a TENS unit; unspecified amounts of physical therapy; corticosteroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated July 29, 2014, the claims administrator denied a request for nabumetone and topical Terocin. The applicant's attorney subsequently appealed. In a July 26, 2014 progress note, the applicant reported persistent complaints of wrist pain. The applicant apparently was still wearing a splint at the site of osteotomy. The applicant was asked to discontinue the same on this occasion. Relafen and lidocaine patches were endorsed. The applicant's work status was not clearly stated. It was suggested that the applicant's symptoms had gradually improved over time. A rather proscriptive 2-pound lifting limitation was endorsed. In a Utilization Review appeal letter of July 7, 2014, it was stated that the applicant had undergone an ulnar shortening osteotomy procedure on March 19, 2014. The attending provider sought authorization for a bone stimulator. It was stated that the applicant was making slow progress and had incomplete healing at the site of the osteotomy. The applicant was asked to continue home exercises, obtain a bone stimulator, and employ a splint. On June 23, 2014, the applicant again described gradual improvement in symptoms. The applicant was asked to continue home exercise and obtain the bone stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750 Mg #60 Dispensed on 7/22/14: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Antiinflammatory Medications topic. Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, antiinflammatory medications such as nabumetone (Relafen) do represent a traditional first line of treatment for various chronic pain conditions, including the wrist pain reportedly present here. The attending provider's documentation does suggest that the applicant has responded favorably to ongoing usage of nabumetone. The applicant's range of motion and work restrictions were described by the treating provider as improving from visit to visit. Continuing nabumetone to ameliorate the applicant's ongoing wrist pain complaints, thus, was indicated. Therefore, the request was medically necessary.

**Terocin Patch #1-Dispensed on 7/22/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco and Relafen, effectively obviates the need for topical compounds such as Terocin. Therefore, the request was not medically necessary.