

Case Number:	CM14-0130275		
Date Assigned:	08/20/2014	Date of Injury:	10/31/2012
Decision Date:	09/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 61 year old female with a reported date of injury on 10/31/2012. The mechanism of injury was repetitive work activities. The injured worker's diagnoses included chronic pain syndrome, unspecified injury of the elbow, forearm, and wrist, carpal tunnel syndrome, unspecified neuralgia, neuritis, and radiculitis, and wrist sprain and strain, and right first carpometacarpal arthritis. The injured worker's past treatments have included medication, cortisone injections which only provided transient relief, occupational therapy, acupuncture, splinting, and activity modification. The injured worker's diagnostic testing included EMG/NCV (Electromyography / Nerve Conduction Velocity) studies of the upper extremities on 02/21/2013 which demonstrated electrodiagnostic evidence of bilateral sensory, median and ulnar mononeuropathy. A urine drug screen was collected on 01/28/2014 which was positive for Hydrocodone and its derivatives, Tramadol and its derivative, and metabolites of Zolpidem. The injured worker has had an unspecified shoulder surgery. The injured worker was seen for evaluation on 01/27/2014 where she reported medications were helping with pain and functionality. The clinician observed and reported shoulder specific findings including tenderness to palpation over the subacromial space, deltoids, and peri-muscular muscles, strength was diminished overall due to pain, and the injured worker had a positive impingement sign bilaterally. The focused elbow/arm examination revealed 'unremarkable' range of motion and no tenderness to palpation. The wrist and hand focused examination revealed no swelling or redness, and range of motion was normal upon flexion, extension, ulnar and radial deviation. Tenderness was noted over the carpal bones bilaterally and diminished grip strength was noted bilaterally. On 03/18/2014, the injured worker complained of intermittent right thumb pain that increased with activity, tightness in the back of the right thumb and on the outside of the right wrist, occasional shooting pain to the middle of the back of the right wrist, intermittent left

shoulder pain, and tightness in her left forearm. She reported that she could do light household activities, was unable to unscrew jars or lift cast iron pan, had difficulty gardening, and mopping aggravated her left shoulder. The clinician observed and reported that there was no pain behavior. There was palpatory discomfort about the right basilar thumb area, the left anterior shoulder, and the medial/ulnar side of her wrist. The injured worker had full 'cervical, shoulder and upper extremity range of motion" and bilateral grip strength was in the 10 pound range. On 06/19/2014, the injured worker reported increased pain to left arm and that medications were helping. On 7/15/2014, the injured worker reported some increased pain to left arm and that medications and physical therapy were helping with the pain. The injured worker's medications include Norco 10/325 mg, Relafen 750 mg, Medrox 0.375-5% patch as directed, Medrox-Rx 0.05-7-20% ointment as directed, and Tramadol 150 mg. The request was for Relafen 750 mg, 1 Twice daily #60 for chronic pain syndrome, injury to elbow/forearm/wrist, and carpal tunnel syndrome. The request for authorization form was submitted on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The injured worker has been diagnosed with chronic pain syndrome, unspecified injury of the elbow, forearm, and wrist, carpal tunnel syndrome, unspecified neuralgia, neuritis, and radiculitis, and wrist sprain and strain, and right first carpometacarpal arthritis. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Non-Steroid Anti-Inflammatory Drugs (NSAIDs) for the treatment of long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. Specifically regarding Nabumetone (Relafen), the guidelines state that the lowest effective dose should be sought for each patient and use for moderate pain is off-label. The request for Relafen indicated it was for the treatment of chronic pain syndrome, injury to elbow/forearm/wrist, and carpal tunnel syndrome and not arthritis. The documentation did not provide specifics regarding the benefits of the Relafen such as an assessment of the injured worker's pain with and without medications and specific information which demonstrated how activities of daily living and function improved with the use of the medication. Therefore, the request for Relafen 750 mg #60 is not medically necessary.