

<b>Case Number:</b>	CM14-0180256		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 and Rehabilitation; has a subspecialty in Interventional spine 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 patient is a 56 years old female with an injury date on 12/19/2011. Based on the 10/10/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right wrist pain with de Quervain's tendinitis2. Arthritis changes right CMC joint with hand pain3. Right elbow pain. Lateral epicondylitis, surgery 07/27/2012 According to this report, the patient present with "continued aching pain affecting her right thumb." Physical exam reveals pain on palpation at the base of the right thumb at the 1st CMC joint and MCP joint. Finkelstein sign is positive. There is slight discomfort at the extensor muscles of the right forearm and right lateral epicondyle. There were no other significant findings noted on this report. The utilization review denied the request on 10/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/17/2013 to 10/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 500mg #180 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, Non-steroidal anti-inflammatory dru.

**Decision rationale:** According to the 10/10/2014 report by [REDACTED] this patient presents with "continued aching pain affecting her right thumb."The treater is requesting Nabumetone 500mg #180 with 3 refills. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted."Review of record indicates the use of Nabumetone was first noted on the 06/28/2013 report. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is not a single mention of how this medication has been helpful in any way therefore request is not medically necessary.