

<b>Case Number:</b>	CM15-0114220		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 55-year-old female, who sustained an industrial injury on 1/1/2008. The current diagnoses are bilateral medial epicondylitis and mild bilateral carpal tunnel syndrome. According to the progress reports, the injured worker complains of bilateral wrist pain. The level of pain is not rated. The physical examination reveals tenderness along the medial epicondyles bilaterally. Tinel's is negative over the palmar wrists but pain is persistent on palpation. Grip strength is slightly decreased because of pain limitations, otherwise exam is normal. The medications prescribed are Voltaren gel, Relafen, and Flexeril. Treatment to date has included medication management and home exercise program. The plan of care includes prescription for Nabumetone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750mg #60 (refill x2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with bilateral elbow and wrist pain. The request is for NABUMETONE 750MG #60 (REFILL X2). The request for authorization is not provided. Physical examination reveals tenderness noted along the medial epicondyles bilaterally. Tinel's is negative over the palmar wrists but pain is persistent on palpation. Grip strength is slightly decreased because of pain limitations. She states that the medications are helpful. She denies any side effects with the medications. She is to continue with an independent exercise program. Patient's medications include Voltaren Gel, Relafen and Flexeril. The patient's work status is not provided. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatory are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Treater does not specifically discuss this medication. Patient has been prescribed Nabumetone since at least 05/08/12. In this case, there is no discussion of the efficacy of the medication. Per progress report dated 05/07/15, treater only makes a general statement, "She states that the medications are helpful. She denies any side effects with the medications." However, MTUS page 60 requires that medication efficacy in terms of pain reduction and functional gains must be discussed when using it for chronic pain. Therefore, this request IS NOT medically necessary.