

Case Number:	CM14-0141936		
Date Assigned:	09/10/2014	Date of Injury:	01/08/2001
Decision Date:	10/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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:

This patient is a 64 year old female employee with date of injury of 1/8/2001. A review of the medical records indicate that the patient is undergoing treatment for synovitis and tenosynovitis. Subjective complaints include pain in right hand, rated at 4/10 (1/7/2014), 5/10 (6/26/2014 and 7/16/2014), and left wrist extensor pain at 5/10 (7/16/2014). Objective findings include "Mild 'click' palpable over left 3rd digit IPI flexor tendon pulley not present; right hand presents synovitis and nodules palpable on 4th and 5th digit PIP joints with reproduction of pain (6/26/2014). Treatment has included medications including nabumetone 750mg 2/day #60, theramine (unspecified dosage), glucosamine sulfate capsule 25mg 2/day, omeprazole tablet delayed release 20mg 2/day #60, nortriptyline HC1 capsule 25mg 2/day (first documentation of this regimen was on 1/7/2014). The utilization review dated 8/5/2014 non-certified requests for the following:-Nabumetone 750mg due to lack of documentation of functional improvement-Omeprazole 20mg due to lack of medical necessity-Synovacin due to lack of medical necessity

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Relafen Page(s): 67- 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs

Decision rationale: MTUS and ODG state regarding NSAIDs for osteoarthritis, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." For acute back pain, "Recommended as a second-line treatment after acetaminophen." For chronic back pain, "Recommended as an option for short-term symptomatic relief." For neuropathic pain, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS states "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. (Relafen Package Insert)". While guidelines do not specifically state the use of Nabumetone in regards to synovitis or wrist pain, it does state that Tylenol is preferred in many cases as first line. The medical documents state that multiple other pain medications were attempted, however, the names of the medications were not included nor were the results. Additionally, medical records do not indicate any significant improvement in pain, quality of life, or functionality. The patient has been prescribed Relafen since 1/7/2014 and 7 months would no longer be considered short term therapy. The treating physician has not provided justification to exceed MTUS guidelines. As such, the request for Nabumetone 750 MG is not medically necessary.

Omeprazole 20 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2

selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for OMEPRAZOLE 20MG is not medically necessary.

Synovacin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine

Decision rationale: Synovacin a brand named version of glucosamine sulfate. MTUS state, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." Medical records do indicate the patient undergoing treatment for unspecified osteoarthritis, but does not specify the location(s) of the osteoarthritis and does not provide collaborating exam findings or other diagnostic information to support such a diagnosis. As such, the request for Synovacin is not medically necessary.