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| Case Number: | CM13-0017394 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/15/1987 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 08/28/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 57-year-old female with date of injury 05/15/1987. She has a very long and complicated history of low back problems which has included multiple surgeries. After a 2- year history of increasingly worse low back pain radiating to the legs she was eventually sent to [REDACTED] who saw her on 07/22/2013. [REDACTED] requested to add Relafen to the patient's medication regimen as an anti-inflammatory agent. It is not known whether the patient has taken Relafen before. The patient's long- time and current medication regimen is the following: 1 Prilosec 20 Mg Capsule Dr SIG: Take 1 twice daily 2 Zanaflex 4 Mg Capsule SIG: Take 1 twice daily as needed 3 Ambien 5 Mg Tablet SIG: Take 1 at bedtime as needed 4 Dilaudid 4 Mg Tablet SIG: take one BID pm for pain 5 Kadian Er 50 Mg Capsule SIG: Take 1 twice daily 6 Norco 10-325 Mg Tablet SIG: Take 1 every 4-6 hours as needed The medication is prescribed by her pain specialist, [REDACTED]. [REDACTED] notes in this report of 04/24/2013 that any attempt to taper the patient's medication results in a lower level of function. In several progress notes, the patient essentially describes low back pain with neurogenic claudication. [REDACTED] assessment on 07/22/2013 was 1. Kyphosis, 2. Spondylolisthesis, 3. Postlaminectomy syndrome, 4. Severe stenosis with neurogenic claudication, and 5. Radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Nabumentone (Relafen)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

Decision rationale: Relafen is recommended for osteoarthritis although it is known to cause fewer GI problems. According to submitted records, the patient does have a history of GERD, but there is no documentation as to why this particular medication was chosen, and there was no quantity or duration request submitted. The request is non-certified.