

Case Number:	CM13-0041532		
Date Assigned:	12/20/2013	Date of Injury:	12/12/2012
Decision Date:	02/04/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 48-year-old male who reported a work related injury on 12/12/2012, mechanism of injury is the result of a motor vehicle accident. Subsequently, the patient presents for treatment of the following diagnoses, cervical sprain, left shoulder sprain, and left shoulder contusion. Clinical note dated 11/22/2013 reports the patient was seen for follow-up under the care of [REDACTED]. The provider documents the patient rates his cervical spine and left shoulder pain at 5/10. The provider documents upon physical examination of the patient's left shoulder there were no changes noted. The provider documents prescription were rendered for Relafen 500 mg #60 and Ultram 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, non-steroidal anti-infl.

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

Decision rationale: The current request is not supported. Clinical documentation submitted for review fails to note within the request for Relafen the quantity of tabs requested, dosage, and

frequency. California MTUS Guidelines does indicate Relafen is in the NSAID drug class, it is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with individual patient treatment goals. It is unclear how long the patient has been utilizing this medication and the clear efficacy of treatment. In addition, there was lack of submission with the request indicating quantity and dosing of the requested Relafen. Given all the above, the request for Relafen is not medically necessary or appropriate.