MAXIMUS Federal Services

| Case Number: | CM13-0060793 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 08/23/2012 |
| Decision Date: | 04/10/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

## 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 and is licensed to practice in Illinois. 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 36-year-old male who reported an injury on 08/23/2012. The mechanism of injury was lifting. The patient's initial treatment consisted of over the counter medications and activity modification, however, over time, his symptoms progressed and he later sought treatment. The patient's treatment history includes an unknown duration of chiropractic, Neurontin, an MRI, and a nerve conduction study. This treatment was in relation to an injury sustained in 2008; the patient re-injured himself in 2009 when he was removing head gaskets from an engine. For this injury, the patient received an unknown duration of physical therapy. It is unknown which injury he sustained in 2012. The patient's current complaints include those of the left elbow, lower back, and left hand. The patient's most recent treatment for his multiple complaints includes lumbar epidural steroid injections with approximately a 35% to 40% decrease in pain, medications, and an NCS/EMG of the bilateral upper extremities that revealed ulnar neuropathy at the cubital tunnel on the left side. The patient continues to complain of lower back pain that radiates to the lower extremities, left greater than right. The most recent clinical note submitted for review is dated 02/08/2013 and reported that the patient was already utilizing Relafen 750 mg twice daily. The patient's physical examination on that date revealed 60 degrees of lumbar flexion, 18 degrees of extension, and bilateral side bending of 25 degrees. There was paravertebral muscle tenderness bilaterally and motor strength and reflexes were intact, as was sensation. No other pertinent information was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RELAFEN 750MG BID (PRN) #60 WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 72..

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend the use of NSAIDs as a second line, short term treatment of exacerbations of chronic low back pain. These medications should be used at the lowest dose for the shortest period of time, and only after a trial of acetaminophen has failed. Relafen, in particular, is used to treat osteoarthritis at a maximum dosage of 2000 mg per day. The current information submitted for review did not provide any evidence that the patient was suffering from osteoarthritis, and he is utilizing 750 mg twice daily as needed, with accompanying complaints of heartburn. Although the patient is noted to have been utilizing this medication prior to 02/2013, there was no indication in the documentation that it has increased his function, decreased his pain, or how often he actually utilizes it. Without this information, efficacy cannot be assessed and, therefore, medical necessity cannot be determined. As such, the request for Medx1: Relafen 750mg BID (PRN) as needed pain, #60 1 refill is non-certified.