

Case Number:	CM13-0063358		
Date Assigned:	12/30/2013	Date of Injury:	04/28/1999
Decision Date:	04/09/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/10/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 66 year old woman who sustained a work related injury on April 28, 1999. Subsequently, she developed chronic neck, back and knee pain. According to the note dated on October 10 2013, the patient continued to have a chronic neck and back pain. The pain intensity was 8/10. Physical examination demonstrated cervical tenderness with reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Relafen 500mg #60, for bilateral wrists, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006, Physicians' Desk Reference, 65th ed, RxList.com, and ODG Workers Compensation Drug Formulary, Epocrates Online, Monthly Prescribing Reference, Opioid Dose Calculator - AMD

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

Decision rationale: According to MTUS guidelines, NSAIDs are recommended for knee and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe

pain. In this case the request was for Relafen 500 mg #60 which does not comply with MTUS guidelines for the use of NSAIDs for short period of time. In addition there is no recent documentation that the patient was complaining of wrist pain. Therefore, the request of Relafen 500 mg #60, for bilateral wrists, as an outpatient is not medically necessary.