MAXIMUS Federal Services

Case Number:	CM13-0069711		
Date Assigned:	01/03/2014	Date of Injury:	01/31/2008
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/23/2013

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 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:

The patient is a 54-year-old female who has submitted a claim for degeneration of lumbar/lumbosacral intervertebral, chronic; associated from an industrial injury date of 01/31/2008. Medical records from 09/19/2001 to 01/08/2014 were reviewed and showed that patient complained of bilateral shoulder, hand, low back, and extremity pain. The pain is aggravated by movement and partially relieved by analgesics and steroid injections. Physical examination showed that there was tenderness in the areas stated above. Patient had an antalgic gait. There was reduced range of motion secondary to pain. Straight leg raise test was positive bilaterally. There was reduced plantar flexion. DTRs were reduced to the Achilles. Sensation was dysesthetic. Treatment to date has included Norco, Dendracin, Neurontin, Celebrex, Phenergan, gabapentin, amlodipine, Zyrtec, Elmiron, Tylenol, Advil, Oxycontin, Soma, Lidoderm patch, Duragesic patch, Medrox, Cymbalta, etodolac, atorvastatin, diazepam, hydrochlorthiazide, Januvia, Ramipril, prochlorperazine, steroid injections, L3-5 anterior and posterior spinal fusion (2004), and re-entry transforaminal posterior interbody fusion (11/27/2010). Utilization review, dated 12/06/2013 denied the request for Relafen because the patient is already taking etodolac, and there is no indication to use two NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELAFEN 500MG #60 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC MEDICAL TREATMENT GUIDELINES, NABUMELONE (RELAFEN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26, Page(s): 67-70.

Decision rationale: As stated on pages 67-70 of CA MTUS Chronic Pain Medicine Guidelines, NSAIDs are recommended for moderate to severe pain at the lowest dose for the shortest period of time. However, all NSAIDs (except naproxen) are associated with increased risk of cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. In this case, patient has persistent pain at the low back, and bilateral upper / lower extremities. Progress report, dated 12/03/2013, cited that patient reported pain relief and increased ability to perform her daily activities with current treatment regimen, which includes Etodolac. The medical records submitted for review do not show an indication for additional NSAID prescription. Therefore, the request for Relafen 500mg #60 3 refills is not medically necessary.