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| <b>Case Number:</b>   | CM14-0106032 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 01/20/2014 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 06/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2014 |

### 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of January 20, 2014. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for Relafen and approved a request for Protonix. The claims administrator stated that the applicant's issues with gastrointestinal distress made NSAIDs a poor choice. The applicant's attorney subsequently appealed. In a September 1, 2014 appeal letter, the attending provider appealed prescription denials for Diclofenac cream and Lidoderm patches. It was acknowledged that the applicant had a variety of gastrointestinal complaints on this date. On June 19, 2014, the applicant reported persistent complaints of knee pain. The applicant was using Tramadol for pain relief. The applicant reported constipation and abdominal pain; it was stated in the gastrointestinal review of systems section of the note. Diclofenac cream and Ultracet were endorsed. Work restrictions were also recommended, although it did not appear that the applicant was working. On August 14, 2014, the applicant reported complaints of constipation, heartburn, nausea, abdominal pain, and black, tarry stools.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Relafen 500mg #90 DOS: 4/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen, generic available) and NSAIDs, specific drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is discontinuation of the offending NSAID. In this case, the applicant has reported ongoing issues with gastrointestinal complaints including nausea, heartburn, dyspepsia, black, tarry stools, etc., at various points over the course of the claim. As suggested by the attending provider and claims administrator, discontinuing the offending NSAID appears to have been a more appropriate option than continuing the same. Therefore, the request was not medically necessary.