

Case Number:	CM14-0120519		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2010
Decision Date:	10/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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:

This patient is a 40 y/o female who is being treated for persistent left hip pain subsequent to an injury dated 8/1/10. She has been on a stable mix of prn medications for greater than 1 year and these medications are reported to allow her increased function including continued work activities. There is no history of misuse or accelerated use. The Relafen was denied in Utilization Review stating that case management noted the liver enzymes were elevated. A record of this is not available for review. Repeat liver enzymes were requested by the treating physician and authorized in Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #20: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and adverse effects Page(s): 70.

Decision rationale: MTUS Guidelines recommend the monitoring of NSAID's for adverse effects. There is reported to be a history of elevated liver enzymes, but it has not been established that the occasional Relafen use is the cause of this. The treating physician appears to

be evaluating this with follow up testing and is well aware of the medical issues. Guidelines do no mandate a cessation of the Relafen under these circumstances and it is medically reasonable to leave this up to the discretion of the treating physician at this point in time. The Relafen is medically necessary.