

<b>Case Number:</b>	CM14-0127295		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60-year-old gentleman was reportedly injured on January 4, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 2, 2014, indicates that there are ongoing complaints of left knee pain and weakness. The physical examination demonstrated a positive McMurray's test of the left knee. Diagnostic imaging studies of the left knee indicated a meniscal tear, grade 3/4 chondromalacia in the medial compartment, as well as moderate tricompartmental arthritis. There was an intact anterior cruciate ligament (ACL) graft. Previous treatment includes a left knee surgery in may 2013. A request had been made for Relafen and was not certified in the pre-authorization process on July 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg #60 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

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

**Decision rationale:** Relafen is a non-selective, non-steroidal anti-inflammatory medication with an indication for osteoarthritis per the California MTUS treatment guidelines. When noting the injured employees clinical presentation, and current diagnosis, and MRI findings of knee arthritis, this request for Relafen is medically necessary.