

Case Number:	CM14-0174755		
Date Assigned:	10/28/2014	Date of Injury:	04/01/1996
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family 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 injured worker's date of injury is 04/01/1996. There was no documentation provided for the original injury. This patient receives treatment for chronic joint pains and rheumatoid arthritis. The treating physician states that the patient is experiencing a flare up of the RA (rheumatoid arthritis). The patient's RA was not controlled with Enbrel, Humira, Remicade, or Rituxan. Although Methotrexate was prescribed at 20 mg once a week, the patient only was taking 12.5 mg a week. The patient received a steroid injection in the shoulder previously. The patient had bilateral knee joint replacements. One set of labs a CBC (complete blood count) and a CMP (complete metabolic panel) are included in the notes. There is no anemia and renal function is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg, 2 tablets twice a day, #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment of Rheumatoid Arthritis, by Peter Schur, MD; UpToDate.com

Decision rationale: The treatment of Rheumatoid arthritis should be done by a rheumatologist and involves the careful evaluation of the disease process and the chief aim should be to control the inflammation safely. The documentation does show that the patient's treatment plan did include a number of DMARDS (Disease-modifying antirheumatic drugs) in the biologicals family that were not successful. In addition the combination of an NSAID plus methotrexate was successful in controlling pain however there is no assessment of functional improvement or any documentation of monitoring of hazards from NSAIDS such as, hypertension, GI bleeding, or cardiovascular harms. Relafen is not medically necessary.