

Case Number:	CM14-0024836		
Date Assigned:	06/13/2014	Date of Injury:	08/03/2005
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 Neurological Surgery 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 injured worker is a 56-year-old gentleman who was reportedly injured on August 3, 2005. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated May 1, 2014, indicates there are ongoing complaints of back pain, neck pain, knee pain, and numbness and tingling in the hands. Current medications were stated to include Percocet, Relafen, Cymbalta, Neurontin, Lidoderm patches, Colace, and Ambien. There is also the usage of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. The notes on the date state that Relafen is helpful but the injured employee would like to try something a little stronger. The physical examination demonstrated mild swelling of both knees and crepitus with motion. A right knee brace was worn. Treatment plan included substitution of Motrin instead of Relafen. Prescriptions of Percocet, Neurontin, and Colace were also provided. A request was made for Relafen and Colace and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF RELAFEN 750 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Relafen Package insert information.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: A note in the medical record dated May 1, 2014, states that Relafen was discontinued and that the injured employee was transitioned to Motrin. Therefore it is unclear why there is still a request for Relafen at this time. This request for Relafen is not medically necessary.