

<b>Case Number:</b>	CM14-0041481		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 44 year old female with a date of injury of 02/08/12. No clinical documentation of mechanism of injury. Most recent clinical documentation submitted for review was 05/28/14; the injured worker came in complaining of continued low back pain. The injured worker ambulated with a normal gait. There was no limp present. The injured worker stood with normal lumbar lordships, the crests of the ilium were parallel to the floor. There was no listing to either the right or left side. There was no scoliosis. The gluteus maximus on the right and left showed no evidence of atrophy bilaterally. There was moderate tenderness in the lumbar paravertebral muscles. There was no spasm of the lumbar paravertebral muscles. Direct palpation of the right or left sacroiliac joint and sciatic notch did not cause pain or tenderness. Range of motion flexion was to 30 degrees, with increased low back pain. Extension was to 0 degrees with increased low back pain. Right and left lateral bending was to 5 degrees, with increased low back pain. Straight leg raise was 40 degrees on the right without low back pain and 35 degrees on the left with moderate low back pain. Lasegue test was positive on the left. Straight leg raise is negative. Negative Patrick, Gaenslen, and Babinski and clonus. Strength was rated 5/5 in all muscle groups except for the left ankle dorsiflexion which was rated 4+/5. Sensation in lower extremities was decreased to pin prick in left L5 dermatome. Reflexes were 2+ and symmetrical in the lower extremities. MRI of the lumbar spine on 02/04/14 showed 5-6mm disc protrusion at L3-4 and L4-5. At L4-5 there was moderate to severe facet arthropathy causing mild to moderate left neural foraminal stenosis, mild spinal canal stenosis, and mild to moderate right neural foraminal stenosis. There was also a 5mm synovial cyst. There was a 3-4mm intraforaminal disc protrusion at L5-S1. Diagnosis lumbar disc protrusion L4-5 and L5-S1. Lumbar radiculopathy. Prior utilization review on 03/11/14 was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-inflammatories (NSAIDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The request for Relafen 750mg is not medically necessary. The Official Disability Guidelines recommend as an option for short-term symptomatic relief for chronic back pain. The clinical documentation submitted for review does not support the request; the injured worker has been on medication for greater than 6 months. As such, medical necessity has not been established.