

Case Number:	CM14-0051671		
Date Assigned:	07/07/2014	Date of Injury:	04/30/2010
Decision Date:	12/31/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, neck, and hip pain reportedly associated with an industrial injury of April 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated April 1, 2014, the claims administrator failed to approve requests for Relafen and Prilosec. The applicant's attorney subsequently appealed. In a progress note dated October 30, 2013, it was acknowledged that the applicant was not currently working, had undergone previous shoulder surgery in 2012, had undergone prior lumbar spine surgery, had undergone epidural steroid injection therapy, had comorbid fibromyalgia, and was a 'qualified injured worker.' The attending provider suggested that the applicant undergo a functional capacity evaluation. It was stated that the applicant was using Relafen and Prilosec, although there was no mention of whether or not these particular medications were effective or not. Per the claims administrator's Utilization Review Report, the medications in question were sought via a March 24, 2014 Request for Authorization (RFA) form. This form, however, was not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen, generic available) Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section and Antiinflammatory Medicati.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Relafen do represent a traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work. The attending provider did not explicitly state that ongoing usage of Relafen had proven effective here. The attending provider did not outline any material improvements in function achieved as a result of ongoing Relafen usage. No clinical progress notes were seemingly attached to the March 24, 2014 Request for Authorization (RFA) form. Therefore, the request was not medically necessary.

Prilosec 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. Therefore, the request was not medically necessary.