

Case Number:	CM14-0064724		
Date Assigned:	07/11/2014	Date of Injury:	03/26/2006
Decision Date:	09/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 low back pain reportedly associated with an industrial injury of March 26, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 30, 2014, the claims administrator denied a request for Relafen while approving request for Lyrica and tramadol. The claims administrator apparently denied Relafen on the grounds that it believed the applicant could employ over-the-counter NSAIDs alone. The applicant's attorney subsequently appealed. In a January 22, 2014 progress note, the applicant reported persistent complaints of low back pain, 5/10, radiating to the bilateral lower extremities. The applicant stated that medications were helping. The attending provider suggested that the applicant was, in fact, working and concurrently attending school. The applicant was receiving acupuncture, it was suggested. The attending provider suggested the applicant continue with Lyrica, Relafen, and tramadol, which the attending provider posited were ameliorating the applicant's ability to sit, stand, and attend school/attend work on a part-time basis. On February 3, 2014, the attending provider sought authorization for additional acupuncture and again noted that the applicant was already permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Relafen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The attending provider's reports of diminished analgesia, coupled with the applicant's apparent successful return to both work and school do establish the presence of functional improvement as defined in MTUS 9792.20f through ongoing Relafen usage and do make a compelling case to continue the same. Therefore, the request is medically necessary.