

Case Number:	CM14-0069103		
Date Assigned:	07/14/2014	Date of Injury:	04/01/2013
Decision Date:	09/09/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine & Rehabilitation 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 44-year-old patient sustained an injury on 4/1/13 to the neck, back and right shoulder from a fall while employed by [REDACTED]. Request(s) under consideration include Relafen 750 milligrams, one tablet twice a day. Diagnoses include chronic cervicgia, right shoulder region arthralgia, neuropathic pain, chronic thoracolumbar backache and recurrent myofascial strain. A report on 1/21/14, from the provider noted patient is with ongoing symptoms. Conservative care has included medications listing of Norco, NSAID Relafen; physical therapy; and modified activities/rest. Exam showed diffuse painful restricted range of motion in all affected spine and shoulder. Request(s) for Relafen 750 milligrams, one tablet twice a day was not medically necessary and appropriate on 5/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750 miligrams, one tablet twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain 2009; NSAIDs, (non-steroidal anti-inflammatory drugs) Page(s): 82-83 of 137.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22:Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective

than other drugs such as acetaminophen. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Relafen 750 milligrams, one tablet twice a day is not medically necessary and appropriate.