

Case Number:	CM14-0096995		
Date Assigned:	07/28/2014	Date of Injury:	09/21/1997
Decision Date:	10/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/25/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with a date of injury of 09/21/1997. The listed diagnoses per [REDACTED] are carpal tunnel syndrome and old bucket handle of medial meniscus. According to progress report 06/02/2014, the patient presents with constant severe pain in her left knee that radiates up to her legs. The patient reports occasional popping and grinding. Examination revealed slightly unsteady gait. The patient is noted to be limping. There is tenderness of the left knee. The provider is requesting a refill of Relafen 500 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammation).

Decision rationale: This patient presents with severe pain in her left knee that radiates into her lower legs. The provider is requesting a refill of Relafen 500 mg #60. The MTUS Guidelines

page 22 supports the use of NSAID for chronic low back pain as a first line of treatment. This patient has been prescribed Relafen since at least 01/27/2014. Review of subsequent reports request refills of this medication, but does not provide a discussion regarding the efficacy. There is no pain scale or discussion of functional changes with taking Relafen. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore the request is not medically necessary.