

Case Number:	CM14-0186333		
Date Assigned:	11/14/2014	Date of Injury:	11/27/2013
Decision Date:	01/02/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 claimant was injured on 11/27/13. Relafen is under review. He complains of chronic pain in his neck/shoulder and low back. He was injured while attempting to lift a television. He felt a shock traveling from his neck to his low back. MRIs in early 2014 were unremarkable. He has tried therapy and medication. He has also had anti-inflammatory medication and muscle relaxants for many months. He has had tightness in the muscles of the neck and back with decreased range of motion and no neurologic deficits. MRI of the right shoulder in June 2014 showed no evidence of rotator cuff tear and mild AC joint osteoarthritis. MRI of the low back showed minor degenerative changes. MRI of the cervical spine on 08/31/14 showed cord compression at C6-7. CT scan revealed that the compression was from a disc osteophyte complex. He has had trigger point injections to his shoulder that did not help his symptoms. He had pain in his back and right shoulder that was worse with any kind of movement and relieved with rest. He had not improved as expected. On 07/01/14, the provider indicated that anti-inflammatories should be held. He has been prescribed Medrol dosepaks and prednisone. He was also referred to a neurosurgeon for the compression. His history of medication trials is unclear but he has tried NSAIDs and muscle relaxers. On 08/01/14, he reportedly was using Robaxin at least once a week. His pain was typically relieved with rest. On 09/08/14, the note is incomplete and does not mention his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for Chronic Pain Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for continued use of Relafen 750 mg #60 with one refill for the claimant's chronic pain. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, the claimant has chronic pain, possibly from cervical disc osteophyte compression but there is no clear evidence of a chronic inflammatory condition that has significantly improved with the use of Relafen or any other anti-inflammatory. Despite the use of medication, the claimant reports ongoing pain with activities and improvement with rest. There is no clear evidence of trials and failures of other first line drugs such as acetaminophen. The claimant's pattern of use of this medication is unclear, including when he takes it, what pain relief he receives, how long it lasts, or the objective measurable or functional benefit he receives from it. The medical necessity of the use of Relafen 750 mg with one refill has not been demonstrated.