

Case Number:	CM14-0193880		
Date Assigned:	12/01/2014	Date of Injury:	05/19/2008
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family Medicine and is licensed to practice in Utah. 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 55 year-old male. The patient's date of injury is 5/19/2008. The mechanism of injury was described as repetitive sanding, prepping surfaces, pushing and lifting aircraft. The patient has been diagnosed with degeneration of cervical intervertebral disc and degeneration of thoracic lumbar intervertebral disc. The patient's treatments have included surgical intervention, physical therapy, home exercise programs, imaging studies, and medications. The physical exam findings dated October 13, 2014 shows the cervical spine with no midline or paraspinal tenderness of spasm, with range of motion measured. The upper extremities showed muscle strength in all limbs at 5/5, with decreased sensory in the left upper extremity. The reflexes were described as intact. The patient's medications have included, but are not limited to, Norco, Medrox, Prozac, Compound creams, Prilosec, Cyclobenzaprine, Ibuprofen and Relafen. The request is for Relafen. It is unclear for how long this medication was used for or what the outcomes of taking this medication included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750 mg one p.o. bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 66-73.

Decision rationale: Guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no documentation of the effectiveness of the medication noted. Also, according to the clinical documentation the patient appears to be on two NSAIDs at the same time, these include Ibuprofen 800mg and Relafen 750mg According to the clinical documentation provided and current MTUS guidelines; Relafen, as described above, is not indicated a medical necessity to the patient at this time.