

<b>Case Number:</b>	CM14-0194121		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology and is licensed to practice in Tennessee. 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 injured worker is a 26-year-old male who reported an injury on 03/06/2014. The mechanism of injury was not submitted for clinical review. His diagnoses included lumbago, back pain, sprain of unspecified site of knee and leg, and unspecified site of sprain/strain. Previous treatments included medication. On 10/07/2014, it was reported the injured worker complained of left knee pain. He rated his pain 8/10 in severity. On physical examination, the provider indicated the injured worker's left knee range of motion was noted to be 0 degrees of extension and 95 degrees of flexion. A request was submitted for Relafen. However, the rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 10/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg 1 twice daily as needed #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines regarding ; Relafen (Nabumetone (Relafen, generic available) Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Relafen 750mg 1 twice daily as needed #60 with 1 refill is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker reported having pain rating 8/10 in severity while on medication. Additionally, the guidelines do not recommend the utilization of nonsteroidal anti-inflammatories for long periods of time. As such, the request is not medically necessary.