

<b>Case Number:</b>	CM15-0108151		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 1/2/14. He reported pain in the right hand, right shoulder, and right arm. The injured worker was diagnosed as having shoulder/arm sprain/strain, sprain of the elbow or forearm, trigger finger, and sprain of the wrist. Treatment to date has included right ring finger and right small finger trigger release on 7/11/14, physical therapy, injections, electrical stimulation, massage, and medication. On 4/22/15 average pain was rated as 8/10 and pain with medication was rated as 6/10. Currently, the injured worker complains of worsening right hand pain. The treating physician requested authorization for Relafen 500mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 500mg, #60 (1 tablet 2 times a day): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was some evidence to suggest benefit with prior use of NSAIDs, however, there was no recent documentation to show clear and measurable functional gains and pain level reduction to help support ongoing use of Relafen as part of this treatment regimen for his chronic pain. Regardless, however, the diagnoses provided are not approved for chronic NSAID use, and there was evidence to suggest NSAIDs would be relatively contraindicated for this worker. He had elevated blood pressures in prior notes suggestive of hypertension and he had a history of diabetes, both of which raise his risk of heart disease and kidney disease. With the use of daily NSAIDs, these risks are increased even more. Therefore, in the opinion of this worker, the Relafen is not appropriate or medically necessary.