

Case Number:	CM15-0134198		
Date Assigned:	07/22/2015	Date of Injury:	10/11/2006
Decision Date:	08/31/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/10/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female with an industrial injury dated 10/11/2006. The injured worker's diagnoses include left knee pain, chronic pain, and disc herniation at L5-S1 with radiculopathy, left hip pain, left sacroiliac joint dysfunction, lumbosacral sprain and opioid dependence. Treatment consisted of diagnostic studies, urine drug screen on 3/5/2015, prescribed medications, and periodic follow up visits. In a progress note dated 05/01/2015, the injured worker reported ongoing pain in her low back with radiation to the left hip, left leg and recent injury to left knee. The injured worker also reported numbness in the left leg. Objective findings revealed decrease lumbar range of motion and antalgic gait. The treatment plan consisted of medication management. The treating physician prescribed as Relafen 750mg twice a day with food as needed, #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg twice a day with food as needed, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line treatment for musculoskeletal pain. An initial physician review denied Relafan with the rationale that MTUS does not permit use of this drug class on a chronic basis. However, NSAIDs are acceptable in the guidelines for ongoing use if there is documentation of clinical benefit and if there is consideration of risks vs. benefits of long-term use. The records meet these guidelines. This request is medically necessary.