

Case Number:	CM15-0136745		
Date Assigned:	07/24/2015	Date of Injury:	12/03/2013
Decision Date:	09/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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: Colorado
 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 53 year old male, who sustained an industrial injury on 12/03/2013. The injured worker is currently able to work with modifications. The injured worker is currently diagnosed as having persistent left wrist pain and low back pain. Treatment and diagnostics to date has included physical therapy, Botox injections, and medications. In a progress note dated 06/15/2015, the injured worker presented with complaints of low back pain and left wrist pain. Objective findings include tenderness to palpation of the lumbar spine paraspinal muscles with some mild restrictions on range of motion. Physician stated that low back MRI on 02/05/2014 was unremarkable and left wrist MRI on 02/05/2014 showed cystic changes in carpal bones. The treating physician reported requesting authorization for Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Relafen 750 mg with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 67-68, 70, and 72.

Decision rationale: Per the Guidelines, non-steroidal anti-inflammatory drugs are recommended at the lowest effective dose for the shortest period needed, in moderate to severe pain from osteoarthritis, chronic low back pain, and exacerbations of chronic low back pain. However, acetaminophen may be considered as first line for those with significant gastrointestinal risk factors or cardiovascular/renal concerns, due to adverse effects that can occur with, non-steroidal anti-inflammatory drugs in regard to those systems. There is no evidence to suggest that one non-steroidal anti-inflammatory drug is better than another at relieving pain, though some have less documented gastrointestinal effects and others have possibly less cardiovascular effects, though these possible differences are disputed. There is no evidence based information available that shows efficacy long term with non-steroidal anti-inflammatory drug treatment for pain and there are no known effects long term on overall function when using non-steroidal anti-inflammatory drug treatment. As above, a primary concern in choosing non-steroidal anti-inflammatory drugs instead of acetaminophen, would be risks for gastrointestinal events, which include: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). If patient has risk factors for gastrointestinal event, then consider: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). When considering non-steroidal anti-inflammatory drugs for chronic back pain, as in this case, it is important to note that recent Cochrane reviews found no difference in pain levels when treated with non-steroidal anti-inflammatory drugs versus placebo, and no difference between treatment with non-steroidal anti-inflammatory drugs and acetaminophen. Furthermore, acetaminophen caused fewer side effects and adverse events than non-steroidal anti-inflammatory drugs or other pain relievers. (Roelofs-Cochrane, 2008) Per the records supplied, there is no documentation of quantifiable measurement of functional improvement with it and no mention of assessment for pain improvement related to the use of Relafen. Patient has been taking NSAID since initial treatments, and no evidence he has tried Acetaminophen in recent months. Furthermore, given patient's documented gastrointestinal symptoms with NSAIDS, he is at increased risk of future gastrointestinal event, so acetaminophen should be first line therapy. Due to patient's risk factors, the lack of documentation of improved function or pain due to Relafen, and lack of documentation of previous use of non-steroidal anti-inflammatory drug versus acetaminophen, the Relafen is not medically necessary.