

Case Number:	CM15-0139414		
Date Assigned:	07/29/2015	Date of Injury:	01/24/2009
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, North Carolina
 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 43 year old female, who sustained an industrial injury on January 24, 2009. Treatment to date has included chiropractic therapy, physical therapy, acupuncture, right elbow surgery, right shoulder arthroscopic surgery, opioid medications and NSAIDS. Currently, the injured worker complains of right upper extremity pain. She describes the right arm pain as burning, shooting, numbness and tingling and rates the pain a 7-9 on a 10-point scale. She reports that her pain is constant and is worsened with activity. Her pain is relieved with her opioid medication and the pain relief lasts three hours. On physical examination, the injured worker exhibits a decreased range of motion. The diagnoses associated with the request include status post right shoulder arthroscopy with persistent adhesive capsulitis and myofascial pain, status post right elbow lateral release with persistent myofascial pain, right wrist sprain-strain, cervical brachial myofascial pain syndrome and chronic pain syndrome. The treatment plan includes cognitive behavioral therapy, trial of Neurontin, trial of Relafen, Tylenol and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #30: 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): 67.

Decision rationale: CA MTUS Guidelines state that NSAIDs are first-line agents in the treatment of pain and inflammation with the goal of decreasing pain and increasing functional status. The documentation submitted in this case reveals that he patient is still experiencing 9/10 pain despite the use of Relafen. It is clearly not effective in reducing this patient's pain. In addition, there is no documentation of functional improvement. Therefore, the request for continued Relafen is deemed not medically necessary or appropriate.