

Case Number:	CM15-0140490		
Date Assigned:	07/30/2015	Date of Injury:	08/03/2004
Decision Date:	09/24/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 71 year old female, who sustained an industrial injury on 8-03-2004. Diagnoses include left knee arthritis and obesity. Treatment to date has included a cane for ambulation and medication including NSAIDs (Relafen). Per the Primary Treating Physician's Progress Report dated 5-27-2015, the injured worker reported continued left knee pain exacerbated with any prolonged weight bearing and cold weather. She indicates that at times she requires a cane for ambulation. Physical examination revealed tenderness along the medial and lateral joint lines and the patella facets, sub patella crepitation with range of motion, and pain with deep flexion. The plan of care included a weight loss program and medication management and authorization was requested for Relafen 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Anti-Inflammatory Medication Page(s): 72-73, 22.

Decision rationale: The current request is for Relafen 750mg #60 with 2 refills. The RFA is from 05/27/15. Treatment to date has included a cane for ambulation and medication including NSAIDs (Relafen). The patient's work status was not addressed. MTUS Chronic Pain Guidelines, under NSAIDs, specific drug list & adverse effects, page 72 & 73 states, "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert) 72 & 73." MTUS chronic pain guidelines, under anti-inflammatory medication, page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Per report 05/27/15, the patient reports continued left knee pain exacerbated with any prolonged weight bearing and cold weather. Physical examination revealed tenderness along the medial and lateral joint lines and the patella facets, sub patella crepitation with range of motion, and pain with deep flexion. The patient is utilizing Relafen for pain. She is not taking any other medications. There is only one progress report, dated 05/27/15, provided in the medical file. According to this report the patient stated that Relafen provided "improvement." MTUS Chronic Pain Guidelines under Medications For Chronic Pain, page 60, states "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. In this case, there is only one generic statement "she notes improvement with Relafen." Given there is no discussion in terms of functional change, as required by MTUS, recommendation for further use cannot be supported. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request IS NOT medically necessary.