

Case Number:	CM15-0144354		
Date Assigned:	08/05/2015	Date of Injury:	02/05/2015
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/24/2015

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: 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 was a 42-year-old female, who sustained an industrial injury, February 5, 2015. The injury was sustained when the injured worker was walking downstairs to pick up at tray of chips when the injured worker's heel got stuck to a step of the stairs. The injured worker lost her balance and fell forward landing on her entire body. The injured worker recalled at the time striking her head. The injured worker previously received the following treatments physical therapy which helped with the pain, left ankle x-rays were normal, left shoulder x-rays were normal, left knee x-rays were normal on May 29, 2015, Relafen and Ultracet. The injured worker was diagnosed with headaches, left shoulder pain and impingement, cervical sprain or strain, posttraumatic headaches, left ankle sprain or strain and left knee strain or sprain. According to progress note of ay 6, 2015, the injured worker's chief complaint was pain in the left forehead, left shoulder, left arm and left legs. The injured worker rated the pain at 4-5 out of 10. The injured worker had trouble bending and squatting due to the pain of the left knee. The injured worker was having trouble lifting due to the pain in the left arm. The injured worker was having trouble with pain in the left shoulder and arm with reaching and weakness of the left hand. The physical exam noted tenderness of the left shoulder in the AC joint and biceps tendon groove. There was decreased range of motion to the left shoulder, flexion of 160 degrees, abduction of 170 degrees, internal rotation of 70 degrees, external rotation of 35 degrees, extension of 60 degrees and adduction of 40 degrees. The Hawkin's test was positive on the left as well as the Neer's testing. The left elbow had decreased range of motion, flexion of 140 degrees, extension of -15 degrees, supination and pronation were normal. There was decreased range of motion of

the left wrist of dorsiflexion of 30 degrees, palmer flexion of 50 degrees, radial deviation of 10 degrees and ulnar deviation of 30 degrees. The flexion of the right knee was 130 degrees and left knee was 120 degrees. The McMurray's and Lachman's test was positive on the left. The treatment plan included a prescription for Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750 mg Qty 60 with 2 refills, 1 tab by mouth 2 times daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore, the request is medically necessary.