

Case Number:	CM15-0163914		
Date Assigned:	09/14/2015	Date of Injury:	04/28/2005
Decision Date:	10/15/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 28, 2005. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for Relafen. An RFA form received on July 13, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant reported heightened complaints of low back pain radiating to the right leg. The applicant stated that Relafen was not helping. The attending provider suggested increase in the dosage of Relafen and also concomitantly prescribed Naprosyn, Prilosec, and Neurontin. The applicant reported heightened complaints of psychological stress. The applicant was status post receipt of earlier lumbar epidural steroid injections, it was reported. The applicant was asked to pursue an L5-S1 decompression procedure. On July 1, 2015, Zanaflex, Neurontin, and Relafen were endorsed for ongoing complaints of low back pain radiating into the bilateral lower extremities. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working. Dilaudid was endorsed. The applicant was asked to consider tapering off the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Relafen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation is, however, qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into its choice of recommendations. Here, however, the applicant's work status was not reported on office visit of August 27, 2015 and July 1, 2015, suggesting that applicant was not, in fact, working. Ongoing usage of Relafen failed to curtail the applicant's dependence on variety of other analgesic and adjuvant medications to include Zanaflex, Neurontin, and Dilaudid, it was reported on July 1, 2015. The attending provider further noted that ongoing usage of Relafen had proven ineffectual on August 27, 2015, noting that Relafen 500 mg was "not helping." All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into its choice of pharmacotherapy. Here, the requesting provider furnished the applicant with two separate anti-inflammatory medications, Relafen and Naprosyn, on August 27, 2015. A clear rationale for this issue was not furnished. Therefore, the request was not medically necessary.