

Case Number:	CM15-0180324		
Date Assigned:	09/22/2015	Date of Injury:	06/01/2005
Decision Date:	11/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, California
 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 61-year-old female, who sustained an industrial injury on 06-01-2005. She has reported injury to the low back. The injured worker has been treated for low back pain; chronic pain syndrome; lumbar radiculitis; numbness; lumbar degenerative disc disease; and depression. Treatment to date has included medications, diagnostics, rest, aquatic physical therapy, and injections. Medications have included Norco, Oxycontin, Relafen, Robaxin, Prozac, Senokot, and Prilosec. A progress note from the treating physician, dated 08-21-2015, documented a follow-up visit with the injured worker. The injured worker reported that the low back and leg pain are getting worse; she is still waiting to see the surgeon; she is wanting to pursue a repeat injection in the meantime; the last injection was in December and reduced pain over 50% for 2 months; she was able to do more activity and reduce the use of Norco; she is managing her pain with medication only right now; the medications reduce pain so she can walk and sit for longer periods of time and exercise; she can use the Norco less often when she has the Nabumetone; the pain is described as aching in the low back with radiation to the legs, mostly on the left; she gets numbness in both legs; the pain is better with aquatic physical therapy, injections, medications, and lying down; and the pain is rated as 10 out of 10 in intensity without pain medications, and as a 5-7 out of 10 in intensity with medications. Objective findings included there is tenderness over the lumbar paraspinals bilaterally; there is increased pain with flexion; straight leg raise is positive bilaterally; there is 5 out of 5 bilateral lower extremity strength noted; and sensation is intact but diminished in the left upper leg and right foot. The treatment plan has included the request for Relafen 750mg #60 with 3 refills. The original

utilization review, dated 09-01-2015, modified a request for Relafen 750mg #60 with 3 refills, to certify Relafen 750mg #60 with no (0) refills. The patient has had MRI of the lumbar spine on 2/28/15 that revealed disc protrusions, foraminal narrowing. The patient has had diagnoses of GERD, lumbar radiculitis, depression, CTS, avascular necrosis of lunat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Request: Relafen 750mg #60 with 3 refills. Relafen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Relafen for this injury. The injured worker has been treated for low back pain; chronic pain syndrome; lumbar radiculitis; numbness; lumbar degenerative disc disease; and depression. The patient has had low back and leg pain are getting worse; at 10 out of 10 in intensity without pain medications, and as a 5-7 out of 10 in intensity with medications. Objective findings included there is tenderness over the lumbar paraspinals bilaterally; there is increased pain with flexion; straight leg raise is positive bilaterally; and sensation is diminished in the left upper leg and right foot. The patient has had MRI of the lumbar spine on 2/28/15 that revealed disc protrusions, foraminal narrowing. The patient has had history of avascular necrosis of lunate. NSAIDS like Relafen are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. The request for Relafen 750mg #60 with 3 refills is deemed medically appropriate and necessary in this patient.