

Case Number:	CM15-0188165		
Date Assigned:	09/30/2015	Date of Injury:	02/18/1999
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 65 year old female, who sustained an industrial injury on 2-18-99. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, lumbar radiculopathy, sciatic, and low back pain. Treatment to date has included chiropractic treatment, epidural injections, a home exercise program and medication including Relafen and topical anti-inflammatory medication. Physical examination findings on 8-27-15 included limited lumbar flexion due to pain, a straight leg raise was positive bilaterally, and sensation was intact. On 8-27-15, pain was rated as 6 of 10. The injured worker had been taking Relafen since at least August 2015. On 8-27-15, the injured worker complained of back and left ankle pain. On 8-27-15, the treating physician requested authorization for Relafen 750mg #120. On 9-4-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg 2 tablets twice daily, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The current request is for Relafen 750mg 2 tablets twice daily, quantity 120. The RFA is dated 08/27/15. Treatment to date has included chiropractic treatment, epidural injections, a home exercise program and medication including Relafen and topical anti-inflammatory medication. The patient's work status was not addressed. MTUS, NSAIDs, specific drug list & adverse effects Section, pages 72 and 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)" Per report 08/27/15, the patient presents with chronic lower back and left ankle pain. Physical examination findings included limited lumbar flexion due to pain, and positive straight leg raise bilaterally. The patient rated her pain as 6/10. The patient has been prescribed Relafen since 07/15/14. QME report dated 02/27/15 states "use of low to moderate dose NSAID medications remains reasonable." In this case, recommendation for further use cannot be provided as there is no discuss regarding functional improvement or decrease in pain with the use of Relafen. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request is not medically necessary.