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| Case Number: | CM15-0190211 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 12/03/2014 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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, Illinois

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 injured worker is a 44 year old male, who sustained an industrial injury on 12-3-2014. Medical records indicate the worker is undergoing treatment for lumbar 3-5 disc herniation, cervical 6-7 disc bulge, and persistent low back pain with left radicular pain and persistent cervicalgia with right radicular pain. A recent progress report dated 8-25-2015, reported the injured worker complained of stabbing neck pain and low back pain. Physical examination revealed cervical and lumbar paraspinal tenderness and "decreased range of motion". Treatment to date has included home exercise program, chiropractic care, Ultram, Neurontin and Relafen. The documentation states the injured worker reported Relafen was not effective. The Request for Authorization requested Retrospective Relafen 750mg #60 with 1 refill (8-26-15). On 9-9-2015, the Utilization Review noncertified the request for Retrospective Relafen 750mg #60 with 1 refill (8-26-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Relafen 750mg #60 with 1 refill (8/26/15): 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): NSAIDs (non- steroidal anti-inflammatory drugs).

Decision rationale: The injured worker sustained a work related injury on 12-3-2014. The medical records provided indicate the diagnosis of lumbar 3-5 disc herniation, cervical 6-7 disc bulge, and persistent low back pain with left radicular pain and persistent cervicalgia with right radicular pain. Treatments have included home exercise program, chiropractic care, Ultram, Neurontin and Relafen. The medical records provided for review do not indicate a medical necessity for Retrospective Relafen 750mg #60 with 1 refill (8/26/15). Relafen (nabumetone) is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period for the treatment of moderate to severe pain. The MTUS states that if used for few weeks, NSAIDs can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The medical records indicate the use of this medication predates 05/2015, but without benefit (as was documented in the 08/25/15 report). Therefore, the request is not medically necessary.