

Case Number:	CM15-0199353		
Date Assigned:	10/14/2015	Date of Injury:	09/05/2013
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/09/2015

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: Emergency 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:

This is a 47 year old male who sustained a work-related injury on 9-5-13. Medical record documentation on 9-14-15 revealed the injured worker was being treated for right tendonitis of the wrist-arm. He reported "wrist worsening 5 P.T." He reported continued numbness and tingling of the right hand with activity. Objective findings included positive swelling and tenderness to palpation. He had a positive Finkelstein's and Phalen's tests and positive Tinel's of the right wrist. He had decreased sensation. His medications included Relafen (since at least 6-29-15) and Flexeril, which provided 40% relief of his symptoms. He had completed at least 14 sessions of hand therapy from 5-19-15 through 7-30-15. On 7-30-15, the therapist noted that the injured worker's pain rating in the previous 24 hours was 0 on a 10-point scale. He was able to cook, perform all activities of daily living without pain. He continued to perform a home exercise program of strengthening exercises and noted no ongoing problems with his activities of daily living. A request for Relafen 750 mg #60 was received on 9-15-15. On 9-28-15, the Utilization Review physician determined Relafen 750 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Relafen 750mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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. The injured worker has continued numbness and tingling of the right hand with activity. Objective findings included positive swelling and tenderness to palpation. He had a positive Finkelstein's and Phalen's tests and positive Tinel's of the right wrist. He had decreased sensation. His medications included Relafen (since at least 6-29-15) and Flexeril, which provided 40% relief of his symptoms. He had completed at least 14 sessions of hand therapy from 5-19-15 through 7-30-15. On 7-30-15, the therapist noted that the injured worker's pain rating in the previous 24 hours was 0 on a 10-point scale. He was able to cook, perform all activities of daily living without pain. He continued to perform a home exercise program of strengthening exercises and noted no ongoing problems with his activities of daily living. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Relafen 750mg #60 is not medically necessary.