

Case Number:	CM15-0206549		
Date Assigned:	10/23/2015	Date of Injury:	11/09/2011
Decision Date:	12/04/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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 29 year old male, who sustained an industrial injury on November 9, 2011. He reported injury to his right foot and ankle. The injured worker was currently diagnosed as having sprain of foot unspecified, fasciitis unspecified, ankle sprain, chronic pain syndrome and compensatory strain of the left foot and ankle from chronic gait disorder. Treatment to date has included diagnostic studies, physical therapy and medication. On September 15, 2015, the injured worker complained of right foot and ankle pain rated a 9 on a 1-10 pain scale. The pain was described as aching, burning, throbbing, tingling, dull, numbness and pressure. Physical examination revealed mild swelling of the bilateral ankles. There was decreased range of motion with pain in all planes of the left ankle. The injured worker was noted to ambulate with antalgic gait. The treatment plan included Relafen and Pamelor medications. On October 12, 2015, utilization review denied a request for Relafen 750mg #60. A request for Pamelor 10mg #90 was authorized.

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: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this chronic 2011 injury nor have they demonstrated any functional efficacy in terms of improved work status, decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or discontinuation, and decreased in medical utilization derived from previous NSAID use. The Relafen 750mg #60 is not medically necessary and appropriate.