

<b>Case Number:</b>	CM15-0207942		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/28/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Texas, New Mexico  
 Certification(s)/Specialty: Anesthesiology

### 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 58 year old female, who sustained an industrial injury on 7-28-13. The injured worker was diagnosed as having status post left thumb suspension arthroplasty of metacarpophalangeal joint capsulodesis; status post left carpal tunnel release; right thumb basilar joint arthritis; mild right carpal tunnel syndrome; right rotator cuff tendinopathy with interstitial tearing, improved with therapy. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-4-15 indicated the injured worker complains of left thumb and right shoulder pain. The provider notes the injured worker has not yet been authorized for physical therapy but continues to do home exercise strengthening program. She reports she does not feel she gets the same benefit and would like to continue with physical therapy as she would like to return to work without restrictions. On physical examination, the provider notes "no edema is noted about the thumb or shoulder. All surgical scars are well-healed. Range of motion of the shoulder, wrist and digits are within normal limits. She has mild tenderness to palpation of the anterolateral acromion. There is mild tenderness with O'Brien's test and rotator cuff strength as sides shows mild weakness at 5 out of 5. The thumb basilar joint is minimally tender and stable to testing. Grind test is negative. Neurovascular status of the hand is intact. His treatment plan includes requesting additional physical therapy but encouraged the injured worker to continue with home exercise and gym program. Physical therapy notes submitted for 2015 indicate the injured worker has had 24 sessions this year. PR-2 notes for 2015 only reflect the injured worker was taking Ibuprofen 200mg capsules until PR-2 note dated 10-19-15 when the provider notes "Request Relafen 500mg #60 and non-certification for Relafen 500mg #60." The medical documentation submitted for review does not define the initial date of when Relafen 500mg was prescribed. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated

10-19-15 and non-certification for Relafen 500mg #60. A request for authorization has been received for Relafen 500mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Relafen 500mg #60:** 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** This is a review for the requested Relafen 500 mg #60. Relafen is a non-steroidal anti-inflammatory drug or NSAID. It is typically used to treat pain related to inflammation or osteoarthritis. In general NSAIDs are recommended per MTUS guidelines with precautions for patients with GI symptoms or cardiovascular risk. NSAIDs are recommended for osteoarthritis and back pain. MTUS Guidelines do not recommend one NSAID over another and only as a second line treatment for acute exacerbations of chronic pain. Although the medical documentation indicates the patient has taken Ibuprofen in the past there was additional information indicating this medication would not be refilled. NSAIDs appear superior to acetaminophen in patients with moderate to severe pain. For these reasons I am reversing the prior decision. The above listed issue IS considered to be medically necessary.