

<b>Case Number:</b>	CM15-0024513		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old, female patient, who sustained an industrial injury on 04/17/2013. An orthopedic evaluation, dated 10/22/2014, reported present complaints of left knee pain. The pain is described as ongoing, particularly medial and some symptoms going down her shin to the top of the foot. There was slight swelling and definite clicking. She avoids the use of stairs secondary to feeling unsafe with knee movements. She also reported low back pain, constant in nature and also goes into the right buttock. She takes Norco five daily. Robaxin she takes approximately every other day. She is also taking Prozac, Zanax and an inhaler. She is diagnosed with chronic lumbar pain with disc bulging multiple levels at L2-3, L3-4 and L4-5, L5-S1; mild central stenosis; right lateral recess at L3-4; torn medial meniscus left knee post partial meniscectomy with repair of the medial meniscus root, and possible right sacroilitis. A request was made for the medication Relafen 750 MG, on 01/19/2015. On 01/27/2015, Utilization review, non-certified the request, noting the CA MTUS, Chronic Pain, Hydrocodone/Acetaminophen, Opioids were cited. The injured worker submitted an application, on 02/09/2015 for independent medical review of service requested.

### 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 Treatment Guidelines  
Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,  
Page(s): 67.

**Decision rationale:** According to MTUS guidelines, NSAIDs are recommended for osteoarthritis pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case is no documentation that the drug is used at its lowest dose and for the shortest period of time. In addition there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Relafen 750mg #60 is not medically necessary.