

<b>Case Number:</b>	CM15-0214832		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	12/25/2002
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 was a 55 year old female, who sustained an industrial injury, December 25, 2002. The injured worker was undergoing treatment for persistent headaches, right shoulder pain, low back pain with protruding disc at L4-L5, chronic neck pain with a broad based bulging disc at C5-C6 per MRI, history of right ankle strain with persistent pain, bilateral wrist and hand symptoms which were positive for mild to median neuropathy per EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities and persistent right knee pain which the right knee MRI revealed a posterior horn meniscal tear. According to progress note of September 24, 2015, the injured worker's chief complaint was neck, right shoulder, right wrist, low back, right knee, right ankle and headaches. The pain was rated at 8 out of 10 without medications and 1 out of 10 with medications. The injured worker denied side effects from medications. The injured worker was working full time. The Ultracet medication was on as needed basis. The injured worker also used Relafen, Gabapentin, and Sumatriptan on an as needed basis for migraine headaches. The injured worker suffered from over 9 headaches per month. The injured worker took Sumatriptan for only severe headaches. The injured worker had trouble with toe walking and walking up stairs. There was tenderness over the right Achilles tendon. There was decreased range of motion with right shoulder abduction, which was limited to 90 degrees. There was tenderness in the suboccipital region. The injured worker previously received the following treatments Relafen 750mg since March 25, 2015, Ultracet 37.5mg-325mg, Klonopin 0.5mg, Gabapentin 300mg and Sumatriptan 50mg and heating pad. The RFA (request for authorization) dated September 24, 2015; the following treatments were requested a prescription for Relafen 750mg #60. The UR (utilization review board) denied certification on October 14, 2015; for the retrospective dispensed Relafen 750mg #60 on October 5, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Relafen 750mg qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

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

**Decision rationale:** This 55 year old female has complained of right shoulder pain, neck pain, low back pain and wrist pain since date of injury 12/25/2002. She has been treated with physical therapy and medications to include Relafen since at least 03/2015. The current request is for Relafen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 7 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Relafen is not medically necessary in this patient.