

Case Number:	CM15-0221397		
Date Assigned:	11/16/2015	Date of Injury:	11/23/2012
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/10/2015

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 56 year old, female who sustained a work related injury on 11-23-12. A review of the medical records shows she is being treated for neck pain. In the progress notes dated 8-4-15 and 8-31-15, the injured worker reports "Salonpas and Relafen are helpful." There are no complaints of pain. Upon physical exam dated 8-31-15, she has minimal tenderness and spasms at the base of the occiput, along the spines or interspinous ligaments, paracervical muscles, trapezii or origin of the levators bilaterally. She has decreased range of motion in neck. Treatments have included chiropractic treatments, medications, and 12 sessions of physical therapy. Current medications include Relafen. She has been taking the Relafen since about June 2015. She is working regular work. The treatment plan includes additional chiropractic treatments, continuing Relafen and a request for a neurological consult. In the Utilization Review dated 10-21-15, the requested treatment of Relafen 750mg. #60 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Relafen 750 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and 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 NSAIDs 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 2012 injury nor have they demonstrated any decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or intervention, and decreased in medical utilization derived from previous NSAID use. The 60 tablets of Relafen 750 mg is not medically necessary and appropriate.