

Case Number:	CM15-0032346		
Date Assigned:	02/25/2015	Date of Injury:	05/29/2012
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 50-year-old male, with a reported date of injury of 05/24/2012. The diagnoses include chronic low back pain, status post lumbar fusion at L4-5 and L5-S1, and right hip pain. Treatments have included oral pain medications. The progress report dated 01/13/2015 indicates that the injured worker had ongoing back and hip pain. He continued to do well on the current medication regimen with no adverse side effects or abnormal behaviors. The objective findings included ongoing tenderness to the lumbar paraspinal muscles with active spasm and decreased range of motion in all planes. The treating physician requested Relafen 750mg #120. The rationale was not indicated. On 02/03/2015, Utilization Review (UR) denied the request for Relafen 750mg #120, noting that there was no documentation of a benefit from Relafen. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 66 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: Guidelines recommend NSAIDs for chronic pain but require that pain assessment and level of function be followed over time to prove that the medication is of benefit. In this case, clinical documentation fails to indicate a benefit from Relafen to support continued use. Thus, the request for Relafen 740 #120 is not medically necessary and appropriate.