

<b>Case Number:</b>	CM15-0040056		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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(n) 70 year old female, who sustained an industrial injury on 6/22/11. She reported pain in the left shoulder related to a fracture of the greater tuberosity of the left humerus. The injured worker was diagnosed as having right knee sprain, left shoulder sprain and rotator cuff syndrome. Treatment to date has included home exercise programs, right knee MRI and pain medications. As of the PR2 dated 1/7/15, the injured worker reports 6/10 left shoulder pain and inflammation in the right knee. The treating physician noted some restricted range of motion in the left shoulder and is continuing Relafen 750mg for inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ralafen 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Relafen 750mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are right knee sprain; and left shoulder sprain. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. The date of injury is June 22, 2011. The documentation indicates the injured worker was taking Relafen as far back as September 10, 2014. The injured worker notes there was a decrease in inflammation. However, over the ensuing months there was no documentation of objective functional improvement with ongoing Relafen use. Pursuant to a January 7, 2015 progress note, the injured worker has continued complaints of pain in the left shoulder and right knee. Additionally, the injured worker is still taking Relafen 750 mg #60. There has been no change in dose or frequency. There has been no attempt at weaning the Relafen. There is no documentation evidencing objective functional improvement with ongoing Relafen 750 mg to gauge its efficacy. Consequently, absent clinical documentation with objective functional improvement to gauge ongoing long-term Relafen use in excess of the recommended guidelines for recommendations at the lowest dose for the shortest period, Relafen 750 mg #60 is not medically necessary.