

Case Number:	CM15-0056807		
Date Assigned:	04/01/2015	Date of Injury:	01/08/2013
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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 57 year old male who sustained an industrial injury on 1/8/13. The injured worker reported symptoms in the lower back and lower extremities. The injured worker was diagnosed as having rotator cuff tear and supraspinatus muscle sprain. Treatments to date have included physical therapy, status post shoulder surgery, home exercise program, anti-inflammatory medication, oral pain medication, nonsteroidal anti-inflammatory drugs, muscle relaxants, ice/heat application, and injections. Currently, the injured worker complains of pain in the lower back with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with pain in the lower back with radiation to the lower extremities. The request is for RELAFEN 500MG, #60 WITH 2 REFILLS. The RFA provided is dated 03/09/15. Patient's diagnosis included rotator cuff tear and supraspinatus muscle sprain. The patient is to continue temporary alternative work pending re-evaluation. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The prescription for Relafen was mentioned in the progress report dated 12/02/13. In this case, the treater does not document how this medication has been effective in management of pain and function. Therefore, the request IS NOT medically necessary.