MAXIMUS Federal Services

Case Number:	CM15-0087491		
Date Assigned:	05/11/2015	Date of Injury:	04/15/2012
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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, Pain Management

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 47-year-old female who sustained an industrial injury on 4/15/2012. Diagnoses include right shoulder sprain, status post arthroscopic rotator cuff tear times two, status post biceps tendonitis, right pectoral strain, cervical and trapezial sprain/strain secondary to number one, sternocleidomastoid pain secondary to number one. Treatment to date has included diagnostic studies, medications, physical therapy, and application of heat and ice, home exercise program, and status post right shoulder rotator cuff repair with subsequent revision on 09/16/2013. A physician progress note dated 01/15/2015 documents the injured worker complains of pain in the right sternocleidomastoid distal more than proximal, and that this pain started after the second surgery. She has pain on the right anterior shoulder that radiates to the axilla and tends to increase with the sternocleidomastoid pain. There is no true upper extremity or neurological or radicular symptoms. There is mild pain at the base of the thumb with episodic numbness that occurs spontaneously. She complains of anxiety and stress. On examination there is minimal trapezial tenderness over the sternocleidomastoid, distal greater than proximal. The right shoulder has tenderness over the anterior capsule and subacromial bursa. In a physician progress note, dated 09/19/2014 documents a Magnetic Resonance Arthrogram of the right shoulder dated 09/04/2014 showed normal attachment of the right supraspinatus tendon to the greater tuberosity. Right inferior gleno labral complex appears normal. Status post rotator cuff tendon repair. The injured worker has an electromyography and nerve conduction studies done on 06/06/2014 showed mild bilateral median neuropathy at the wrists (carpal tunnel syndrome). Treatment requested is for Relafen 750mg, per 01/29/15 order Qty: 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg, per 01/29/15 order Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 and 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Relafen (Nabumetone), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Relafen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Relafen is not medically necessary.