

<b>Case Number:</b>	CM15-0089145		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44-year-old male, who sustained an industrial injury on 1/9/13. He has reported initial complaints of a fall after pushing through a bathroom door and the door giving way and he fell and hit the left elbow and landed on his back, which aggravated the prior left arm and knee complaints. The diagnoses have included chronic pain syndrome, knee pain, and neck pain, cervical degenerative disc disease (DDD) and lumbar degenerative disc disease (DDD). Treatment to date has included medications, left anterior cruciate ligament (ACL) repair 1/27/2012, physical therapy, bracing and activity modifications. Currently, as per the physician progress note dated 4/3/15, the injured worker continues to complain of diffuse pain involving the neck, arms, low back and left leg. He reports that his medications help him to be functional and work. There are no objective findings or physical exam noted. The physician progress note dated 2/2/15 the physical exam reveals decreased cervical range of motion, left shoulder range of motion is 0-90 degrees of flexion and abduction and right shoulder range of motion is 0-120 degrees of flexion and abduction. Tinel's test produces pain in the forearms. It is noted that it is difficult to test the left knee because he guards heavily. He is in a lot of pain and there is tenderness of the left knee. The physician noted that it is difficult to test the strength in the left lower extremity (LLE). The current medications included Robaxin, Relafen, and Gabapentin. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, lumbar spine, left foot and left knee and electromyography (EMG)/nerve conduction velocity studies (NCV). Work status is permanent and stationary. The physician requested treatment included Relafen 750mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The injured worker sustained a work related injury on 1/9/13. The medical records provided indicate the diagnosis of chronic pain syndrome, knee pain, and neck pain, cervical degenerative disc disease (DDD) and lumbar degenerative disc disease (DDD). Treatment to date has included medications, left anterior cruciate ligament (ACL) repair 1/27/2012, physical therapy, bracing and activity modifications. The medical records provided for review do not indicate a medical necessity for Relafen 750mg #60. Relafen (Nabumetone) is an NSAID. The MTUS recommends. The medical records indicate the concurrent use with two other NSAIDs, Mobic and Naproxen; the use of Relafen predates 10/2014, but there is no evidence the injured worker is being monitored for liver and kidney functions, or blood count, as recommended by the guidelines. This request is not medically necessary.