

Case Number:	CM14-0150722		
Date Assigned:	09/19/2014	Date of Injury:	03/09/2013
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65 year old male who was injured on 03/09/2013. The mechanism of injury is unknown. Prior medication history included Norco 10/325mg. Prior treatment history has included physical therapy, chiropractic therapy, medications; all of which have failed. Diagnostic studies were reviewed. Follow up evaluation dated 08/21/2014 documented the patient to have complaints of neck and back pain rated as 4/10. On exam, he has an antalgic gait to the left and heel-to-toe walk exacerbates the antalgic gait to the left. The cervical spine revealed decreased lordosis and moderate tenderness with spasm over the cervical paraspinal muscles extending to the left trapezius. Axial head compression and Spurling's sign is positive on the left. There is facet tenderness at the levels of C4 through C7. He had positive seated straight leg raise on then left at 60 degrees and supine straight leg raise at 50 degrees on the left. Range of motion of the lumbar spine revealed flexion to 50 degrees bilaterally; extension to 10 degrees bilaterally and lateral bending to 15 degrees on the right and 20 degrees on the left. The patient is diagnosed with cervical disc disease, cervical radiculopathy, lumbar radiculopathy, lumbar facet syndrome and left sacroiliac joint arthropathy. There were no other reports available for review. Prior utilization review dated 08/20/2014 states the request for Relafen 750mg #60 is not medically necessary as the patient does not have acute pain.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal Anti-inflammatory drugs) Page(s): 69-73.

Decision rationale: The guidelines recommend NSAID therapy for acute on chronic pain for short-term treatment. Generally treatment should not exceed 4-6 weeks. It is unclear from the documents how long the patient has been taking NSAIDs. Additionally, from the documents the patient's pain has been improving and he does not have an acute exacerbation. The patient is continuing on chronic opioid therapy at this time with positive response. From the documents provided the indication for NSAID therapy is unclear at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.