

Case Number:	CM14-0143743		
Date Assigned:	09/12/2014	Date of Injury:	02/15/2008
Decision Date:	01/05/2015	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/04/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old female with a work injury dated 2/15/08. Under consideration are requests for prescription drug; brand name. The diagnoses include sacroiliitis not elsewhere classified; spasm of muscle; chronic pain syndrome; generalized anxiety disorder; depressive disorder not elsewhere classified; psychic factors with other diseases. There is a progress note dated 08/01/14, that stated that the patient had bilateral low back pain and buttock pain and that the patient was on medication management for pain that was reportedly providing an increased level of function and that patient wanted to continue taking the medications. The patient's medications included Norco, Lansoprazole; Relafen, Zanaflex, Wellbutrin XL, Ability, and thyroid supplement. On physical exam, there was mention of gait mildly antalgic. There was palpation that caused prominent areas of tenderness in the region concordant with the patient's described area of pain and that deep palpation resulted in distal radiation of the pain. The patient was not able to toe and heel walk. There were palpable taut bands in the area of pain and that there was soft tissue dysfunction and spasm in the cervical paraspinal, lumbar paraspinal, and gluteal region. Lateral rotation and extension of the spine produced concordant pain in the affected area. Compression of the pelvis produced concordant pain the buttocks and the area of pain was concordant with the patient's complaints. There was a decreased Achilles reflex and dysesthetic sensation throughout the affected area. There was a depressed mood and otherwise, physical exam was unremarkable. The treatment plan is for a left SI joint injection to increase range of motion and daily function with activities and to improve pain and also to continue with medication management for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, NSAIDs (non-steroidal anti-inflammat.

Decision rationale: Relafen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request as written does not specify the , quantity or dose of Relafen. . The MTUS guidelines state that choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. The MTUS guidelines state that NSAIDS can be used as an option for short-term symptomatic relief in chronic low back pain and at the at the lowest dose for the shortest period in patients with moderate to severe pain. The documentation does not indicate significant functional improvement on prior Relafen. The documentation is not clear on why Relafen is required rather than over the counter NSAIDs. Without a defined dosage or quantity Relafen cannot be recommended. The request for Relafen is not medically necessary.