

Case Number:	CM15-0009753		
Date Assigned:	01/27/2015	Date of Injury:	09/01/2011
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/16/2015

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, New York, California
 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 63 year old female, who sustained an industrial injury on 09/01/2011. She had reported slipping sustaining a fall and subsequently injured her right knee. The injured worker was diagnosed with chronic right knee sprain/ strain and status post arthroscopic multi-compartment synovectomy and arthroscopic partial medial and lateral meniscectomy with chondroplasty. Treatment to date has included magnetic resonance imaging of the right knee, oral medication regimen, corticosteroid injections, above listed surgical procedures, Orthovisc injections, and physical therapy. Currently, the injured worker complains of significant pain to the right knee. The medical records provided did not contain the current requested prescription for Relafen along with no documented reason for the requested medication. On 12/30/2014 Utilization Review non-certified the request for Relafen 750mg by mouth twice a day for a quantity of 60 times two refills, noting the California Medical Treatment Utilization Schedule: Knee Complaints and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg quantity 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

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

Decision rationale: No, the request for Relafen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that nabumetone or Relafen is indicated in the treatment of knee osteoarthritis, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variable such as 'other medications' into his choice of pharmacotherapy. Here, the information on file appears quite dated and was several months removed from the date of the Utilization Review Report, December 30, 2014. The June 26, 2014 medical-legal evaluation provided suggested that the applicant was using another anti-inflammatory medication, Naprosyn, as of that point in time. No subsequent progress notes were furnished so as to establish when Relafen (nabumetone) was introduced and/or whether the attending provider intended for nabumetone to replace Naprosyn or whether the attending provider intended for the applicant to employ the two NSAIDs concurrently. By definition, no discussion of medication efficacy transpired as no recent clinical progress notes were incorporated into the IMR packet. The historical information on file did not, furthermore, support or substantiate the request. Therefore, the request was not medically necessary.