

Case Number:	CM15-0014648		
Date Assigned:	02/02/2015	Date of Injury:	05/29/2009
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male who reported an injury on 05/29/2009. The mechanism of injury was not stated. The current diagnoses include chronic low back and right leg pain, bilateral knee pain, bilateral foot pain, bilateral ankle pain, and status post plantar fasciar release on 07/20/2011. The injured worker presented on 12/30/2014 with ongoing low back pain and radicular symptoms into the right lower extremity. The current medication regimen includes Norco 10/325 mg, Relafen 750 mg, and Lunesta 2 mg. Upon examination, there was increased pain with range of motion of the right knee, 3 to 110 degree range of motion, and increased pain in the lateral hip and low back with motion. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60 DOS 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. According to the documentation provided, the injured worker has utilized Relafen 750 mg since at least 07/2014. There was no documentation of objective functional improvement. The guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.