

Case Number:	CM15-0116041		
Date Assigned:	06/24/2015	Date of Injury:	05/18/1998
Decision Date:	07/23/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/16/2015

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: Connecticut, California, Virginia
 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 65 year old female, who sustained an industrial injury on 5/18/98. The injured worker has complaints of low back pain. The documentation noted that there is tender to palpation over the right low back and over the right greater trochanter. The diagnoses have included degenerative disc disease with L4-L5 bulge, chronic right L5-S1 (sacroiliac) radicular pain; status post right rotator cuff repair with chronic shoulder pain and right trochanteric bursitis. The documentation noted that the injured workers abdominal pain improved after discontinuing Relafen and taking Protonix. Treatment to date has included Norco; Valium and Protonix. The request was for Relafen 500mg #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDS, GI symptoms & cardiovascular risk.

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

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given that the provided documents clearly state that gastrointestinal symptoms occurred with prior use of Relafen without substantial objective functional improvement on the medication, and in light of the chronic nature of the treatment, the risk of continued use likely outweighs the benefit and therefore the treatment is not considered medically necessary.