

Case Number:	CM15-0123314		
Date Assigned:	07/07/2015	Date of Injury:	11/12/2013
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male, who sustained an industrial injury on 11/12/2013. On provider visit dated 05/22/2015 the injured worker has reported neck and back pain radiating into the upper and lower extremities with pain paresthesia and numbness. On examination revealed spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion, decreased sensation was noted in e C5-S1 dermatome with pain. The diagnoses have included lumbosacral radiculopathy, shoulder/elbow/wrist tendinitis- bursitis. Treatment to date has included medication. The provider requested prescription of Relafen 750mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Relafen 750mg #60 with 5 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, NSAIDs are recommended for knee and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case the request was for Relafen 750 mg #60 with 5 refills, which does not comply with MTUS guidelines for the use of NSAIDs for short period of time. In addition there is no evidence of functional improvement with the previous use of NSAIDs. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Relafen 750mg #60 with 5 refills is not medically necessary.