

Case Number:	CM15-0062430		
Date Assigned:	05/12/2015	Date of Injury:	08/29/1995
Decision Date:	06/10/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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

Certification(s)/Specialty: Family Practice

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 69-year-old male patient who sustained an industrial injury on 08/29/1995. On 06/16/2014 reported the patient feeling better overall. He has been receiving his medications in a timely fashion. He has been utilizing Norco 10/325mg four times daily that produces a moderate degree of pain relief. Objective findings showed the paraspinal muscles are tight on palpation. The following diagnoses are applied: status post lumbar decompression and fusion L3-S1 on 09/06/1996; status post hardware removal 09/30/1997; psuedoarthrosis L3-4 status post revision fusion 06/01/2010; residual chronic low back pain with mild right sided radicular pain; history of diabetes, hypertension, and stent placement; status post completion of pain management agreement with discussion of the risks, benefits, and goals of Opioid medication management. The plan of care involved continuing with medication regimen, home exercise program and follow up visit. Two months later on 08/11/2014 the patient is still utilizing the medication regimen and states being overall more functional. He does experience some constipation. There is no change in the treating diagnoses, or plan of care. A more recent visit dated 04/21/2015 reported the patient with concern regarding the medication management and denial of medications. Both Relafen and Norco were denied. There is no change in the treating diagnoses. The plan of care continues with current medication regiment of Norco 10/325, and Relafen 500mg. There is also recommendation to obtain a second pain management assessment, and may also us Tylenol 500mg three times daily, and a trial period of a transcutaneous nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, Relafen was used leading up to this request for renewal, however, it was not clear how often it was used to help reduce pain, although the recommended number of pills suggests that he used it daily. There was insufficient reporting of benefit with the use of Relafen to help support the continued use of this medication. Regardless, the chronic use of NSAIDs in this case of low back pain is not recommended, especially considering the medical history of hypertension and heart disease. Therefore, it would be inappropriate and medically unnecessary to continue any ongoing use of Relafen.