

Case Number:	CM15-0068689		
Date Assigned:	04/16/2015	Date of Injury:	09/11/2001
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old male with an industrial injury dated 09/11/2001. His diagnosis includes cervical stenosis at cervical 5-6, cervical herniated nucleus pulposus, lumbar degenerative disc disease and facet arthropathy and lumbar herniated nucleus pulposus with neural foraminal narrowing. Prior treatment consists of 20 sessions of acupuncture, greater than 24 sessions of physical therapy, 5 sessions of chiropractic treatment, rhizotomy, multiple surgeries to low back and medication. He presents on 02/26/2015 with complaints of low back pain rated as 5/10. He reports numbness in both thighs and down the buttocks. He also complains of pain in the right knee. Physical exam revealed tenderness to palpation and spasms over the lumbar area. Lumbar range of motion was limited. MRI of the cervical and lumbar spine reports and electrodiagnostic studies are documented in this note. The treating physician documents that acupuncture helped moderately and improved sleep. The injured worker received 50-60% pain relief over 6 months with the rhizotomy. Treatment plan included diagnostics to include lumbar spine MRI, x-rays and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." The documentation submitted for review indicates that this request was in conjunction with a request for nabumetone, which is the generic name for Relafen. The request for nabumetone was certified. As this request is duplicative, the request is not medically necessary.