
Notice of Independent Medical Review Determination

Dated: 10/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	4/1/2010
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0002066

- 1) MAXIMUS Federal Services, Inc. has determined the request for relafen 750 mg #90 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for relafen 750 mg #90 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“The patient is a 58 year old female with a date of injury of 1/31/2010. The provider submitted a prospective request for 1 MRI of the cervical spine, 1 MRI of the lumbar spine, 1 prescription of Relafen 750mg # 90 and 1 consultation with a pain management specialist. This is an appeal to review #1036720, which was recommended non-certified by Dr. [REDACTED] on 5/3/2013.

The prescription of Relafen 750mg #90 was recommended non-certified by Dr. [REDACTED], MD in review #1036720 due to the lack of indication that the patient has experienced substantial pain relief or functional improvement from the medication. Previous progress reports indicate that the pain levels increased. No additional clerical findings to support the need for this care were made available with this review.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/18/2013)
- Utilization Review Determination from [REDACTED] (dated 07/08/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for relafen 750 mg #90 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), and Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007 (page 56) a medical treatment guideline that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 69 of 127 which is part of MTUS and relevant and appropriate to the employee's clinical condition.

Rationale for the Decision:

The employee sustained a work-related injury on April 1, 2010 to the neck, shoulder, back, left knee and right wrist/hand. The medical records provided for review indicate treatments have included analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; topical agents; prior rotator cuff repair surgery; an MRI of the injured shoulder of May 16, 2013, notable for persistent complete supraspinatus tear; and extensive periods of time off of work. The request is for Relafen 750 mg #90.

The MTUS Chronic Pain Medical Treatment Guidelines suggests that anti-inflammatory medications such as Relafen are the most appropriate first line of treatment. However the medical records reviewed indicate the employee has used both Relafen and ibuprofen, another NSAID. Moreover, the employee has developed complaints of acid reflux secondary to the usage of NSAIDs therapy without any evidence of functional improvement through prior use of Relafen. Therefore, the request for Relafen 750 mg #90 **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.