

Case Number:	CM14-0188879		
Date Assigned:	11/19/2014	Date of Injury:	04/08/2011
Decision Date:	01/07/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male with date of injury of 04/08/2011. The listed diagnoses from 10/20/2014 are: 1. Elbow dislocation with fracture 2. Epicondylitis, Laterally on the left 3. Wrist joint inflammation with some instability. According to this report the patient complains of persistent pain in his elbow and wrist. He does exercise at least three days a week. The examination shows tenderness along the left elbow and left wrist. Tenderness was also noted along the medial and lateral epicondyles as well as the wrist along the dorsum of the wrist, CMC, and carpal tunnel area. Positive Tinel's at the wrist and elbow. The documents include QME reports from 2012 and 2013, EMG from 11/09/2011, x-ray of the left elbow from 03/13/2012, MRI of the left wrist from 08/01/2012, and progress reports from 01/13/2014 to 10/20/2014. The utilization review denied the request on 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: This patient presents with elbow and wrist pain. The physician is requesting Nalfon 400 mg quantity 60. The MTUS Guidelines, page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The documents do not show a history of Nalfon use. However, the patient does have a history of Naproxen use. It would appear that the physician is requesting Nalfon as a replacement for Naproxen. Given that the MTUS guidelines support the use of anti-inflammatory medication as a first-line treatment, the request is reasonable to determine its efficacy in terms of pain relief and functional improvement. The request is medically necessary.