

Case Number:	CM15-0005024		
Date Assigned:	01/16/2015	Date of Injury:	05/05/2004
Decision Date:	04/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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, Michigan, 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 66-year-old male, who sustained an industrial injury on 5/5/04. He has reported right knee, right shoulder, right foot, left foot and cervical spine. The diagnoses have included discogenic cervical condition, rotator cuff tear on right, discogenic lumbar condition with radicular component, internal derangement of the knee and chronic pain syndrome. Treatment to date has included cervical discectomy and fusion of C5-6 and C6-7; medications, physical therapy and a lumbar brace. (EMG) Electromyogram and (MRI) magnetic resonance imaging studies have been performed. Currently, the IW complains of progressive deterioration of entire body (due to ALS), progressive weakness of upper extremities, lower extremities and trunk and spinal axis. Per the exam of 11/12/14 documentation does not include relief of symptoms for medications. On 12/17/14 Utilization Review non-certified a prescription for Nalfon 400 mg, # 60, noting documentation did not provide evidence of symptomatic relief, it is less effective and more costly than other NSAIDS. The ODG was cited. On 1/9/15, the injured worker submitted an application for IMR for review of Nalfon 400 mg, # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 71.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Nalfon is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Nalfon, there is no documentation that the provider recommended the lowest dose of Nalfon for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Nalfon. Therefore, the prescription of Nalfon 400mg #60 is not medically necessary.