

Case Number:	CM15-0007644		
Date Assigned:	02/09/2015	Date of Injury:	07/15/2002
Decision Date:	04/01/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74-year-old female who reported an injury on 07/15/2002. The mechanism of injury was not stated. The current diagnoses include discogenic lumbar condition, internal derangement of the right knee, ankle inflammation, and chronic pain syndrome. It is note that the injured worker is status post right knee meniscectomy. On 12/08/2014, the injured worker presented with complaints of persistent low back pain with difficulty sleeping. The injured worker was utilizing Norco. Upon examination, there was tenderness across the lumbar paraspinal muscles, 40 degrees lumbar flexion, 20 degrees extension, and 10 degrees lateral bending. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization was then submitted on 12/08/2014.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically necessary.