

Case Number:	CM15-0100750		
Date Assigned:	06/03/2015	Date of Injury:	05/19/2009
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 19, 2009. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for Nalfon. The claims administrator referenced a RFA form received on May 1, 2015 and an associated progress note of April 27, 2015 in its determination. The applicant's attorney subsequently appealed. The applicant apparently underwent some kind of functional capacity evaluation on March 16, 2015. In a progress note dated November 11, 2014, the applicant reported multifocal complaints of low back, knee, and ankle pain. The applicant was not working and was receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. A functional restoration program was proposed while tramadol, Protonix, and Naprosyn were renewed on this date. The attending provider maintained that the applicant was able to perform household chores despite ongoing pain complaints. The attending provider nevertheless acknowledged that squatting, bending, and negotiating stairs and inclines remained problematic. On April 27, 2015, the applicant reported ongoing complaints of low back, neck, ankle, and knee pain with derivative complaints of weight gain, sexual dysfunction, headaches, anxiety, depression, and sleep disturbance also evident. The applicant's ability to lift, sit, stand, and walk were all constrained secondary to pain complaints. The applicant had collected Workers' Compensation indemnity benefits, state disability insurance and ultimately, Social Security Disability Insurance (SSDI) benefits. Permanent work restrictions were renewed, while

Nalfon and Wellbutrin were prescribed. On a previous note of March 5, 2015, the applicant was asked to continue Nalfon, Effexor, Flexeril, and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14, 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Nalfon, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Nalfon do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into its choice of recommendations. Here, the applicant was off work, despite ongoing Nalfon usage. Ongoing usage of Nalfon failed to curtail the applicant's dependence on opioid agents such as tramadol. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, sitting, sleeping, lifting, and negotiating stairs, despite ongoing Nalfon usage. The applicant was still using a cane, it was reported on office visits of April 27, 2015 and May 17, 2015, despite ongoing Nalfon usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Nalfon. Therefore, the request was not medically necessary.