

<b>Case Number:</b>	CM15-0136028		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old female, who sustained an industrial injury on December 12, 2006. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar radiculopathy, right sacroiliac arthropathy, and status post lumbar fusion. Treatments and evaluations to date have included MRI, CT scan, lumbar fusions, and medication. Currently, the injured worker complains of residual pain over the right sacroiliac joint with swelling status post two lumbar fusions. The Primary Treating Physician's report dated June 19, 2015, noted the injured worker reported falling when coming out of the shower, aggravating her back pain. The injured worker reported taking her medications for symptomatic relief of pain, however the medications did not completely alleviate the pain but rather makes her pain at least tolerable. The injured worker's medications included Nalfon, Paxil, Prilosec, Ultram ER, Morphine Sulfate, and Norco. Physical examination was noted to show tenderness to palpation over the right sacroiliac joint with muscle spasms, decreased lumbar spine range of motion (ROM) secondary to pain and stiffness, and positive Fabere's and Patrick's tests. Straight leg raise was noted to be positive at 20 degrees in the bilateral lower extremities, with diminished sensation to light touch and pinprick at the right S1 dermatomal distribution. The treatment plan was noted to include instructions to the injured worker to continue to take her medications and apply the compound creams to the affected areas for symptomatic pain relief, with prescriptions for Nalfon, Paxil, Prilosec, Ultram ER, Morphine Sulfate, Norco, and Soma, a request for a MRI scan of the brain to verify if the injured worker suffered a mild stroke as reported from her emergency room visit several months previously, a request for continued referral for pain management, a request for x- rays of the lumbar spine, and a request for authorization for urine toxicology testing in 60 to 90 days. The injured worker was instructed to remain off work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon 400mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 70-73.

**Decision rationale:** According to the MTUS Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) Recommended with cautions below. Disease-State Warnings for all NSAIDs: All NSAIDS have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in injured workers with moderate hepatic impairment and not recommended for injured workers with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of injured workers taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. According to the documents available for review, it appears that the injured worker is taking this medication for long-term therapy of a chronic condition. Given the increased risks associated with long-term use of this medication and no documented evidence that the lowest possible dose is being used for the shortest period of time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.