

<b>Case Number:</b>	CM15-0040435		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49-year-old female who reported an injury on 09/08/2014. The mechanism of injury was the injured worker was in an elevator that suddenly dropped a few feet. The injured worker underwent x-rays of the cervical spine on 10/08/2014 which revealed mild C6-7 spondylosis. Prior therapies included physical therapy. The documentation of 02/16/2015 revealed the injured worker had a fluoroscopy of the right shoulder which revealed a type 2 acromion with no calcific lesions. The diagnoses included discogenic cervical condition with facet inflammation and headaches, discogenic lumbar condition with facet inflammation and bilateral radiculopathy, internal derangement of the right greater than left knee, carpal tunnel syndrome bilaterally (which was noted to be the result of cumulative trauma and was not covered under this claim), rotator cuff strain, and bicipital tendinitis on the right, as well as depression and anxiety secondary to orthopedic injuries and wrist joint and inflammation. The injured worker had current complaints of neck, right shoulder, left shoulder, right knee, left knee, and back pain. The surgical history was noncontributory. The medications included ibuprofen and Motrin. The treatment plan included Nalfon 400 mg for inflammation.

### 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 Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
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**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. 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. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized NSAIDS. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations for short-term usage. Given the above, the request for Nalfon 400 mg #60 is not medically necessary.