

Case Number:	CM15-0051361		
Date Assigned:	03/24/2015	Date of Injury:	03/10/2005
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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 53 year old, male, who sustained a work related injury on 3/10/05. The diagnosis has included lumbar discogenic condition, internal derangement of bilateral knees, status post right knee surgeries and chronic pain. Treatments have included MRI right knee on 10/6/06, right knee bracing, physical therapy, medications, left knee injection with good relief, right knee surgery in 2007 and 2009, use of a cane, x-rays right knee in 6/2013 and 12/2014, MRI lumbar spine in 3/2011, nerve studies in 2012 and 2014, lumbar epidural injections without much benefit, lumbar brace, TENS unit therapy and heat/cold. In the PR-2 dated 2/10/15, the injured worker complains of low back and knee pain. He is able to some chores around the house. He has tenderness along the joint line. He has weakness to resisted function. The treatment plan is a request for a refill of Nalfon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Nalfon; Non Steroidal Anti Inflammatory Drugs, specific drug list and adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rationale behind using Nalfon. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Nalfon to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify continuous use of Nalfon. There is no documentation of pain and functional improvement of previous use of Fenoprofen. Therefore, the request for Nalfon 400mg quantity 60 is not medically necessary.