

Case Number:	CM15-0056145		
Date Assigned:	04/01/2015	Date of Injury:	05/22/2011
Decision Date:	05/05/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/24/2015

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 54-year-old who has filed a claim for chronic hand, wrist, elbow, and shoulder pain reportedly associated with an industrial injury of May 22, 2011. In a Utilization Review report dated March 7, 2015, the claims administrator failed to approve a request for Nalfon. A RFA form dated February 26, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On December 1, 2014, the applicant reported ongoing complaints of elbow and wrist pain, exacerbated by gripping and grasping. The applicant was not working, it was acknowledged. The applicant was having difficulty performing chores around the house, it was further noted. A first extensor compartment release procedure was proposed, while Nalfon, Protonix, and Topamax were renewed. The applicant was kept off of work, it was acknowledged. Little-to-no discussion of medication efficacy transpired. The attending provider did suggest that the applicant had developed issues with dyspepsia for which the applicant was using Protonix at this point.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69.

Decision rationale: No, the request for Nalfon, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the attending provider acknowledged on December 1, 2014, that the applicant had developed issues with Nalfon-induced dyspepsia. Cessation of the offending NSAID, Nalfon, thus, appeared to represent a more appropriate option than continuing the same. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medications efficacy into his choice of recommendations. Here, however, the attending provider's progress note of December 1, 2014, did not establish evidence of a significant benefit with ongoing Nalfon usage. The applicant remained off of work. The applicant continued to report difficulty performing activities of daily living as basic as gripping and grasping. Ongoing usage of Nalfon failed to curtail the applicant's dependence on opioids agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.