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| <b>Case Number:</b>   | CM15-0056856 |                              |            |
| <b>Date Assigned:</b> | 04/01/2015   | <b>Date of Injury:</b>       | 06/25/2009 |
| <b>Decision Date:</b> | 06/19/2015   | <b>UR Denial Date:</b>       | 03/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2015 |

### 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, Florida

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 64 year old male, who sustained an industrial injury on 6/25/09. He reported initial complaints of low back pain. The injured worker was diagnosed as having discogenic lumbar pain and chronic pain syndrome. Treatment to date has included TENS unit and medications. Currently, the PR-2 notes dated 1/28/15 indicated the injured worker complains of severe and chronic low back pain. He states that for the last month or six weeks it has been worse since his date of injury 6/25/09. The pain is described as constant and severe with a pain level of 9-9.5/10. He denied any thoughts of harming himself or others, however, he is feeling quite depressed with some anxiety related to his pain. He is unable to stand or walk more than 15-20 minutes. Norco is not touching this pain and even after taking Norco the pain level remains about 9/10. Pain management, orthopedic surgeon consult and lumbar MRI have been requested but denied. He has developed Charlie horse behind the right knee which is constant and he cannot sleep at night. He has a clinical history of hypertension and diabetes. Objective findings note tenderness across the lumbar spinal muscles bilaterally, pain along the facets and pain with facet loading. Lumbar flexion is at 20 degrees with extension at 10 degrees. He has positive straight leg raising on the right at 60 degrees and negative on the left. The provider documents diagnoses of discogenic lumbar condition from L2 through S1 with nerve studies initially negative in 2009 and showing S1 radiculopathy in 2013, along with chronic pain syndrome. At this time, the treatment plans is switch from Norco to Percocet temporarily, Ativan twice daily and Flexeril. The provider noted that IW needed to be seen by a pain management

specialist and a referral to psychiatry. The provider has requested Nalfon 400mg #60 which was denied at Utilization Review. The medications listed are Nalfon, Neurontin and trazodone.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nalfon 400mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiac and gastrointestinal complications. The records indicate that the patient reported significant pain relief, increase in ADL with no severe adverse effects with utilization of the Nalfon. The request for utilization of Nalfon 400mg #60 is medically necessary.