

Case Number:	CM15-0087183		
Date Assigned:	05/11/2015	Date of Injury:	03/17/2009
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 64-year-old male, who sustained an industrial injury, March 17, 2009. The injured worker previously received the following treatments Naproxen, Neurontin, Gabapentin, Tramadol, Protonix, Flexeril, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities noted positive bilateral carpal tunnel syndrome, 12 sessions of acupuncture, cervical spine MRI, random toxicology laboratory studies were negative and left elbow MRI showing ulnar nerve neuritis confirming the tentative diagnosis on the left. The injured worker was diagnosed with bilateral shoulder impingement syndrome, impingement syndrome bilaterally with biceps tendonitis, bilateral lateral epicondylitis, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome with release on the right, bilateral CMC joint arthritis of the thumb, diabetic peripheral neuropathy, reflux, constipation, depression and chronic pain syndrome. According to progress note of April 2, 2015, the injured workers chief complaint was Tinel's testing was positive in the bilateral wrists. There was tenderness along the carpal tunnel area bilaterally. Hyperflexion test was unremarkable. There was tenderness in the subluxation at the ulnar nerves and tenderness along the carpal tunnel was positive Tinel's at the bilateral elbows bilaterally. There was tenderness over the medial and lateral epicondylar surfaces on the right and the left. The treatment plan included a prescription for Nalfon.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Fenoprofen (Nalfon, generic available) Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Nalfon 400mg #60 is not medically necessary and appropriate.