

Case Number:	CM15-0089634		
Date Assigned:	07/16/2015	Date of Injury:	03/14/2010
Decision Date:	09/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 48 year old, female who sustained a work related injury on 3/14/10. The diagnoses have included discogenic lumbar condition, discogenic cervical condition, right shoulder impingement with bicipital tendonitis, internal derangement left knee and chronic pain. Treatments have included left knee injections, medications, right shoulder injections, lumbar epidural steroid injections, and physical therapy. In the office visit note dated 3/6/15, the injured worker complains of right shoulder pain. She is having difficulty with overhead reaching or even holding her arm at shoulder level. She complains of neck pain and headaches. She has tenderness along the right shoulder, rotator cuff and biceps tendon. She has positive impingement sign and Hawkin's sign. She is not working. The treatment plan includes prescriptions for medications. The request for an EMG/NCV of lower extremities is not noted in this report.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Nalfon 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-71.

Decision rationale: Per CA MTUS guidelines, Nalfon is a non-steroidal anti-inflammatory (NSAIDs) medication. For chronic low back pain, it is recommended as an option for short-term pain relief. It has been found no more effective than other drugs such as acetaminophen, narcotic analgesics and muscle relaxants. Nalfon has been used off-label for bone pain and ankylosing spondylitis. There are no complaints by the injured worker of low back pain in the current visit note. She has been on this medication for greater than 5 months. There is insufficient documentation of how this medication is working to relieve her pain, of decreased pain levels or improved functional capabilities. For these reasons, the requested treatment of Nalfon is not medically necessary.

90 Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue/continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-91, 124.

Decision rationale: Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days)." Long-term use of opioids is not recommended. It is noted that the injured worker has been on this medication for longer than 5 months. In the notes provided, the pain levels are not recorded. There are no documented functional capabilities from visit to visit. Documentation does not include a toxicology screen as recommended by the guidelines. The submitted request does not include dosing or frequency. The documentation does not support that opiate prescribing is consistent with the CA MTUS guidelines. Norco has been prescribed at most office visits. Weaning of this medication should be considered before abruptly discontinuing due to possibility of withdrawal issues. For all of these reasons, this request for Norco is not medically necessary.

1 EMG/NCV study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per CA MTUS, ACOEM guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." There are no complaints of bilateral leg radiculopathy symptoms in the current visit note. There is no documentation of bilateral leg dysfunction. Because the documentation does not establish a clear picture of radiculopathy in the legs, the requested treatment of an EMG-NCV study of the lower extremities is not medically necessary.