

Case Number:	CM14-0145279		
Date Assigned:	09/12/2014	Date of Injury:	07/13/2006
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51-year-old male with a 7/13/08 date of injury. The specific mechanism of injury was not described. According to a progress report dated 8/15/14, the patient complained of constant pain in the low back radiating into the lower extremities. The patient's pain was rated as an 8 on a scale of 1 to 10. He also complained of pain in the right wrist/hand rated as a 6 and worsening right shoulder pain rated as a 7. Objective findings: palpable paravertebral muscle tenderness with spasm, restricted lumbar range of motion; tenderness over volar aspect of wrist, tenderness around the anterior glenohumeral region and subacromial space, restricted range of motion of right shoulder. Diagnostic impression: carpal tunnel syndrome, shoulder region disease, lumbago, lumbosacral neuritis. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/21/14 denied the request for Nalfon. The patient was certified for one-year of coverage with Voltaren between 7/14/14 and 7/21/15. At this time, there does not appear to be any documentation supporting the medical necessity of this patient to concurrently use two different NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports reviewed, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Nalfon 400mg #120 was not medically necessary.