

Case Number:	CM14-0215219		
Date Assigned:	01/02/2015	Date of Injury:	03/17/2013
Decision Date:	02/28/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 patient is a 63-year-old female with a date of injury of 03/17/2013. According to progress report dated 11/04/2014, the patient presents with pain in the bilateral shoulders as well as low back with muscle spasms noted. The patient is having an increase in pain with colder weather. She is currently not working. Examination findings revealed tenderness along the cervical and lumbar paraspinal muscles bilaterally. Her gait is slightly antalgic and wide-based. She has pain along the bilateral shoulders, rotator cuff, and biceps tendon. Abduction is no more than 100 degrees bilaterally. The listed diagnoses are: 1. Discogenic cervical condition with facet inflammation. 2. Bilateral shoulder impingement with full-thickness rotator cuff tear of the left shoulder per MRI of December 2013. 3. Discogenic thoracic and lumbar condition with facet inflammation. 4. Weight gain of 5 pounds. 5. Parkinsonism. 6. Stress. Treatment plan was for refill of medications including tramadol ER 150 mg for pain, Nalfon 400 mg for inflammation, Protonix 20 mg for upset stomach, LidoPro lotion, and Terocin patches for topical relief. The utilization review denied the request on 12/06/2014. Treatment reports from 09/03/2013 through 12/09/2014 were provided for review.

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 NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The current request is for Nalfon 400 mg. For antiinflammatory medications, the MTUS guidelines page 22 states, 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. Review of the medical file indicates the patient has been taking NSAIDs as early as 09/03/2013. In this case, recommendation for further use cannot be supported, as the treating physician has provided no discussion regarding functional improvement or pain assessment as required by MTUS for longer term medication use. MTUS page 60 requires documentation of pain assessment and functional changes while medications are used for chronic pain. Given the lack of discussion regarding efficacy, this request is not medically necessary.