

Case Number:	CM14-0218284		
Date Assigned:	01/08/2015	Date of Injury:	09/29/2004
Decision Date:	03/04/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 55 year old male with a date of injury as 09/29/2004. The current diagnoses include lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac arthropathy, and mood disorder. Previous treatments include oral and compound medications. Primary treating physician's reports dated 07/18/2014 through 12/06/2014 were included in the documentation submitted for review. Report dated 12/06/2014 noted that the injured worker presented with complaints that included persistent pain in the lumbar spine and bilateral sacroiliac joints. The back pain radiates up to the midthoracic spine into the base of the neck with radiation down both legs associated with numbness and tingling. The injured worker stated that medications are helpful for alleviating some of the pain. Physical examination revealed lumbar spine tenderness, decreased range of motion secondary to pain and stiffness, tenderness in the bilateral sacroiliac joint, straight leg raise test in supine position is positive at the bilateral lower extremities, positive Fabere and Patrick's maneuver, and decreased sensation to light touch and pinprick in the bilateral S1 dermatomal distribution. It was not made known in the documentation submitted when the injured worker was first prescribed the requested medications. There was no detailed evaluation of functional improvement while taking these medications. Treatment plan included continued use of medications as they are helpful in providing symptomatic relief. The injured worker is not working. The utilization review performed on 12/23/2014 non-certified a prescription for Nalfon, and modified a request for Paxil, Fexmid, and Prilosec based on the clinical evidence does not support continued use. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Capsules of Nalfon 400mg between 12/19/2014 and 2/2/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Osteoarthritis (including knee & hip).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68.

Decision rationale: The request for Nalfon is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of back pain. It is unclear by the chart when Nalfon was first started. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. There is no objective documentation of decrease in pain (e.g. VAS scores) There is also no documentation of functional improvement with use of Nalfon. Therefore, the request is considered not medically necessary.