

Case Number:	CM15-0014545		
Date Assigned:	02/02/2015	Date of Injury:	10/07/2013
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/26/2015

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 is a 46-year-old female who reported an injury on 10/07/2003. The mechanism of injury was not provided. Her diagnoses were noted as cervical discopathy with disc displacement, cervical radiculopathy, right shoulder impingement syndrome, lumbar discopathy with disc displacement, and lumbar radiculopathy. Past treatments were noted to include medication, exercise program, and activity modification. Her diagnostics and surgical history were not provided. During the assessment on 12/06/2014, the injured worker complained of neck pain that radiated down to the right arm with numbness and tingling. She also complained of right shoulder pain radiating to the right shoulder blade and also radiated down to the right arm. She indicated that the neck pain was aggravated by any sort of turning of her head, and the right shoulder pain was aggravated by any sort of overhead movements. She indicated that her medications and compound creams were helpful in alleviating some of the pain. The physical examination of the cervical spine revealed tenderness to palpation over the cervical paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. There was a positive Spurling's sign on the right side. The physical examination of the right shoulder revealed tenderness to palpation over the acromioclavicular joint. There was a positive Neer's, Hawkin's, and O'Brien's test. There was decreased range of motion, especially with overhead movement. The physical examination of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. There was a positive straight leg raise in the supine position at 20 degrees in the bilateral lower extremities. Her medications were noted to include Fexmid,

Paxil, Prilosec, and Ultram ER, as well as topical creams. The treatment plan was to continue with medication and compound creams for the affected area for symptomatic relief. The rationale for the request was not provided. The Request for Authorization form was dated 12/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64.

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

Decision rationale: The request for Nalfon 400mg # 90 is not medically necessary. The California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation did not indicate that there was an objective functional improvement or an objective decrease in pain with the use of Nalfon 400 mg. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.