

Case Number:	CM15-0127690		
Date Assigned:	07/14/2015	Date of Injury:	08/03/2012
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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: Preventive Medicine, Occupational 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 63-year-old female, who sustained an industrial injury on 8/03/2012. Diagnoses include discogenic cervical condition with disc disease from C3-C7 associated with headaches, right shoulder impingement syndrome, right epicondylitis, stenosing tenosynovitis along the first extensor compartment of the wrist on the right, discogenic lumbar condition with radicular component down the lower extremity on the right, chronic pain and inactivity causing issues with sleep, gastroesophageal reflux disease (GERD), depression and weight gain. Treatment to date has included surgical intervention (right extensor tendon release 10/2014) followed by 12 sessions of postoperative physical therapy as well as conservative measures including diagnostics, medications, physical therapy, injections, chiropractic, bracing, TENS unit, heat and cold application and modified activity. Per the Primary Treating Physician's Progress Report dated 5/26/2015 the injured worker presented for follow up of neck, right arm, shoulder, elbow, wrist, hand and low back. Physical examination was significant for tenderness along the medial epicondyle. Abduction was 130 degrees on the right side with tenderness on the rotator cuff. There was limited motion of the wrist and thumb. With the thumb she reaches the third ray proximal phalanx but not the fourth or fifth. She can make a fist and facet loading is positive. The plan of care-included continuation of the current rehabilitation program and authorization was requested for Nalfon 400mg #60.

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 NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Nalfon 400mg #60 is determined to not be medically necessary.