

<b>Case Number:</b>	CM15-0034727		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Pain Management

### 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 33 year old female, who sustained an industrial injury on January 2, 2014. She has reported headache, fatigue, muscle weakness, neck pain, shoulder pain and upper back pain. The diagnoses have included pain of the facet joint, neck pain, and cervicogenic headache. Treatment to date has included medications, exercise, therapy, and imaging studies. A progress report dated December 19, 2014 indicates that ibuprofen and Flexeril improve the patient's pain. The treatment plan recommends continuing ibuprofen and indicates that the patient has refills and is tolerating it well. A progress note dated January 30, 2015 indicates a chief complaint of worsening neck pain, shoulder pain radiating to the upper back, fatigue and muscle weakness. Physical examination showed tenderness of the upper shoulder muscles, full range of motion of the cervical spine, and mild tenderness of the lower paracervical muscles. The treating physician is requesting a prescription for Nalfon. On February 11, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 24, 2015, the injured worker submitted an application for IMR of a request for a prescription for Nalfon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon 400mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Nalfon, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears that ibuprofen is improving the patient's pain and causing no side effects. The requesting physician appears to want to try a different NSAID medication. Guidelines do not support the use of one and said over another. Additionally, the new NSAID is recommended to be tried along with activity-based therapeutic modalities, as recommended by guidelines. A one month supply of Nalfon should allow the requesting physician time to assess whether the medication results in objective functional improvement and analgesic efficacy without side effects. Therefore, the currently requested Nalfon is medically necessary.