

Case Number:	CM15-0071041		
Date Assigned:	04/21/2015	Date of Injury:	04/07/2012
Decision Date:	05/21/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/14/2015

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 39 year old male, who sustained an industrial injury on 04/07/2012. He has reported injury to the neck, right shoulder, and back. The diagnoses have included discogenic cervical condition with multilevel disc disease; right shoulder rotator cuff sprain with bicipital tendinitis; and impingement syndrome of the shoulder on the right, status post rotator cuff repair and labral repair done at two separate procedures. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Flexeril, Neurontin, Norco, Nalfon, Terocin patches, and Protonix. A progress note from the treating physician, 03/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain and right shoulder pain with limited range of motion. Objective findings included tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle; and pain along the right shoulder, rotator cuff, and biceps tendon. The treatment plan has included the request for Nalfon 400 mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400 mg Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

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

Decision rationale: This patient has a date of injury of 04/07/12 and presents with chronic right shoulder, back and left knee pain. The patient is status post right shoulder surgeries from 2010 and March 2014. The current request is for Nalfon 400MG QTY 6. The MTUS Chronic Pain Medical Treatment Guidelines page 22 for Anti-inflammatory medications 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs NSAIDs in chronic LBP and of antidepressants in chronic LBP. The patient was first prescribed Nalfon 400mg on 10/15/14. Subsequent progress reports continue to dispense this medication with no discussion regarding decreased pain or functional changes. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request is not medically necessary.