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| Case Number: | CM15-0076098 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 01/19/2011 |
| Decision Date: | 06/10/2015 | UR Denial Date: | 03/26/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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: 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 48 year old male, who sustained an industrial injury on 01/19/2011. He has reported injury to the left shoulder. The diagnoses have included joint pain, shoulder; left shoulder impingement; left bicep tendonitis; and status post left shoulder arthroscopic rotator cuff repair and subacromial decompression, on 09/11/2014. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Nalfon. A progress note from the treating physician, dated 03/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of significant pain and swelling of the left shoulder, especially after exercise activity and is causing difficulty sleeping; the shoulder continues to catch frequently and is difficult to raise completely in abduction; and he does not maintain more than two to three hours of sleep. Objective findings included continued limitation of motion especially with abduction and flexion; and uses significant recruitment of the trapezium and levator scapula to abduct his arm. The treatment plan has included the request for 60 Nalfon 400mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Nalfon 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: According to guidelines NSAIDs are used for Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. According to the medical records there is no improvement with prolonged used of NSAIDs and no documentation of usage of Acetaminophen. Therefore, the request is not medically necessary.