

Case Number:	CM15-0098332		
Date Assigned:	05/29/2015	Date of Injury:	02/16/2011
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 49-year-old male injured worker suffered an industrial injury on 02/16/2011. The diagnoses included right knee internal derangement, discogenic lumbar conditions and chronic depression. The injured worker had been treated with surgery and medications. On 4/16/2015, the treating provider reported the injured worker is post-recent left knee surgery and was doing well. He will be starting physical therapy and was walking with a use of a cane. On exam, there was mild tenderness of the left knee. The treatment plan included Nalfon.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Nalfon (Fenoprofen), 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. Guidelines also state there is no evidence to recommend one drug in this class over another based on efficacy. Guidelines also state acetaminophen may be considered for initial therapy for patients with mild to moderate pain and the concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone. Within the documentation available for review, there is no indication that the patient has moderate to severe pain as the patient only has mild tenderness along the incision site and no swelling or rash, thus, there is no documentation of undesirable inflammation. In the absence of such documentation, the currently requested Nalfon (Fenoprofen) is not medically necessary.