

Case Number:	CM13-0009909		
Date Assigned:	01/22/2014	Date of Injury:	05/29/2012
Decision Date:	03/25/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of 5/29/12. A utilization review determination dated 8/6/13 recommends partial certification of Anaprox 550 mg from #90 to #60. A progress report dated 7/9/13 identifies subjective complaints including "no improvement with continued significant pain left cubital and carpal tunnel bilateral medial and lateral epicondylar tenderness painful scar right wrist from prior carpal tunnel release." Objective examination findings identify tenderness over the medial epicondyles bilaterally, bilateral wrist tenderness with Tinel's, Phalen's, and median nerve compression testing positive bilaterally. Right knee quadriceps atrophy, crepitus, medial joint line tenderness. The diagnoses include carpal tunnel syndrome bilateral wrists, EMG confirmed; bilateral wrist tendinitis; bilateral elbow medial epicondylitis. The treatment plan recommends left carpal tunnel release surgery, electrodiagnostic testing of bilateral upper extremities, and Anaprox 550 mg bid 90 tabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Anaprox 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 67-69.

Decision rationale: Regarding the request for Anaprox, California MTUS 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, there is no indication that Anaprox is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Anaprox is not medically necessary.