MAXIMUS Federal Services

Case Number:	CM13-0041223		
Date Assigned:	12/20/2013	Date of Injury:	08/19/2000
Decision Date:	03/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/12/2013

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 & 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 male patient with the date of injury of August 19, 2000. A utilization review determination dated September 23, 2013 recommends non-certification of Naproxen and TPM (Therapeutic Pain Management). The previous reviewing physician recommended non-certification of Naproxen due to lack of documentation of a specific dose and quantity requested and non-certification of TPM (Therapeutic Pain Management) due to lack of documentation of what kind of therapeutic pain management (TPM), treatment goals, and duration and length of treatment. A PR-2 Report dated September 14, 2013 identifies Subjective Complaints of neck pain, shoulder pain, knee pain, mid back pain, thoracic pain, hand pain, hip pain, and low back pain. Objective Findings include decreased ROM with pain, positive Kemp's and shoulder depression test. Diagnoses include neck pain, cervical pain, pain in thoracic spine, low back pain, lumbar pain, lumbosacral pain, pain in joint, pain shoulder, hip pain, knee S/S, and wrist pain. Plan includes home exercises, stretches, Naproxen, and TPM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: 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 Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In addition, there is no documentation of the prescribed dosage, frequency, and duration of use. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Therapeutic pain management (TPM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear what specifically is meant by "therapeutic pain management". In the absence of clarity regarding that issue, the currently requested therapeutic pain management (TPM) is not medically necessary.