

Case Number:	CM13-0061210		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2010
Decision Date:	04/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert reviewer is Board Certified in Anesthesiology, and Pain Management, and is licensed to practice in Florida. 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/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:

The patient is a 48-year-old female who reported an injury on 08/20/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical disc disease, cervical stenosis, right carpal tunnel syndrome, right upper extremity overuse syndrome, and right hand second digit pain. The patient was seen by [REDACTED] on 12/11/2013. The patient reported right upper extremity and cervical spine pain. Physical examination revealed tenderness to palpation of the right upper extremity and the right hand second digit. The patient also demonstrated limited range of motion of the right forearm and cervical spine with guarding. Treatment recommendations included continuation of current medication including naproxen, tramadol, and Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Pennsaid 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Official Disability Guidelines state Pennsaid is not recommended as a first line treatment. Pennsaid is as effective as oral diclofenac. As per the documentation submitted, there is no evidence of a satisfactory response to treatment despite ongoing use of this medication. The patient continues to report persistent cervical spine and right upper extremity pain, rated 7/10. The patient's physical examination continues to reveal tenderness to palpation with limited range of motion and guarding. There is also no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

Prescription of Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

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

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report right upper extremity and cervical spine pain. The patient's physical examination continues to reveal tenderness to palpation, limited range of motion, and guarding. Based on the clinical information received, the request is non-certified.