

Case Number:	CM13-0066395		
Date Assigned:	01/03/2014	Date of Injury:	08/18/2010
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Family Practice and is licensed to practice in Texas. 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 64-year-old male who reported an injury on 08/18/2010. The patient's most recent clinical evaluation documented that the patient was status post mini rotator cuff repair, and residual pain complaints with overhead motions. Physical findings did include crepitus with range of motion, possibly due to scar tissue impinging on the subacromial area. The patient's diagnoses included chronic cervical sprain/strain, cervical radiculopathy, moderate to severe carpal tunnel syndrome, acromioclavicular joint arthrosis, bilateral chronic knee pain, and lumbar radiculopathy. The patient's treatment plan included a refill of current medications to include Norco and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG, 1PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60; 67.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the management of chronic pain. However,

California Medical Treatment Utilization Schedule states that continued use of medications in the management of chronic pain is documented by increased functional benefit and pain relief. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief or functional increases related to medication usage. As such, the requested Anaprox 550 mg 1 by mouth twice daily #60 is not medically necessary or appropriate.