

Case Number:	CM14-0004406		
Date Assigned:	02/05/2014	Date of Injury:	07/10/2012
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery 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 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 49 year old claimant sustained an industrial injury on 7/10/12. The patient is status post right shoulder surgery on 3/30/12. The patient is status post right wrist carpal tunnel release on 12/27/12. Office visit notes 10/9/13 document the patient is taking Hydrocodone 10/325 1 tablet 2 times per day. The patient is report to be taking Naproxen 1 tablet 2 times per day for inflammation. An exam note 12/2/13 demonstrates patient with complaint of continued pain in right shoulder, right wrist and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG, #90 1 TAB BID, FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the California MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient

evidence to support chronic use of narcotics. The patient has been on chronic opioids without functional improvement. Therefore the determination is for not medically necessary.

NAPROXEN SODIUM 550 MG, #90 1 TAB BID FOR INFLAMMATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

Decision rationale: Per the California MTUS/Chronic Pain Medical Treatment Guidelines, page 66 and Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the claimant's injury is from 7/10/12. The continued use of Naproxen is not warranted, as there is no demonstration of functional improvement in the records cited above. Therefore determination is not medically necessary.