MAXIMUS Federal Services

Case Number:	CM14-0013963		
Date Assigned:	02/26/2014	Date of Injury:	05/30/2008
Decision Date:	08/05/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine 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:

This is a 46 year-old female with a 5/30/08 date of injury to her right arm while flipping a mattress. She is status post right epicondyle release on 4/30/12, which helped her elbow pain. The patient has ongoing pain in the right upper extremity. She was seen on 8/7/13 with exam finings reveal hypoesthesia in the right C6 dermatome and tenderness at the medial epicondyle of the right elbow, as well as tenderness in the cervical paraspinals along with spasm. The diagnosis is chronic pain syndrome, cervical radiculopathy, and brachial neuritis. MRI cervical spine 8/13/13: central posterior disc extrusion at C5/6 with mild to moderate left neural foraminal narrowing. EMG 9/4/12: bilateral C6 and C7 radiculopathy. Treatment to date: right epicondyle release (2012), medication management, and physical therapy. An adverse determination was received on 04/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 NAPROSYN 500 MG WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Pain Chapter, NSAIDS).

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient is noted to have brachial neuritis with pain down the right arm and hypoesthesia in C5/6 and neuropathic pain. However, with a 2008 date of injury, there is too little documentation in terms of previous efficacy of Naprosyn therapy. It is unclear to what extent objective functional improvement was obtained. Therefore, the request for 30 Naprosyn 500 mg with 2 refills is not medically necessary.