

Case Number:	CM14-0015303		
Date Assigned:	02/28/2014	Date of Injury:	03/17/2013
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Minnesota. 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 injured worker is a 25 year old female with a reported date of injury on 03/17/2013. The mechanism of injury was not provided in the documentation available for review. The injured worker complained of bilateral shoulder pain, upper back and left upper extremity pain his cervical spine range of motion demonstrated flexion to 40 degrees, extension to 45 degrees, right rotation to 75 degrees, and left rotation to 73 degrees. The injured worker's bilateral shoulder range of motion demonstrated flexion to 170 degrees on the right and 110 degrees on the left, extension to 50 degrees bilaterally. The MRI dated 07/08/2013 was reported as a normal MRI of the cervical spine. The EMG and nerve conduction study dated 07/27/2013 was reported as normal. Within the clinical note dated 11/04/2013, the injured worker stated she previously attended 6 acupuncture visits, which caused increased pain. Within the same note, the physician mentions the injured worker was referred for physical therapy, the results of which were not provided within the documentation. The physician noted the worker's diagnoses included bilateral shoulder pain. The injured worker's medication regimen included tramadol, Anaprox and Albuterol inhaler as needed. The Request for Authorization for 1 Anaprox DS 550 mg, 1 by mouth twice a day #60 was submitted on 02/03/2014. However, a rationale was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ANAPROX DS 550 MG, 1 PO BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),

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

Decision rationale: According to the California MTUS Guidelines NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. According to the clinical note dated 01/24/2014 the injured worker's pain had not changed since the previous visit on 11/26/2013. The clinical documentation lacked evidence of the ongoing therapeutic effects related to the use of Anaprox. There is a lack of documentation indicating the injured worker had significantly increased functional ability related to the use of medication. Therefore, the request for 1 Anaprox DS 550 mg, 1 by mouth twice a day #60 is not medically necessary.