

Case Number:	CM14-0018993		
Date Assigned:	04/23/2014	Date of Injury:	12/26/2011
Decision Date:	07/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 and Rehabilitation, 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 64-year-old female, who has submitted a claim for chronic right knee and ankle sprain/strain, and left arm, elbow, and wrist pain with possible tendinitis, associated with an industrial injury date of December 26, 2011. Medical records from 2013-2014 were reviewed, which showed that the patient complained of left shoulder pain, neck pain, and upper and lower back pain, bilateral knee pain, and ankle pain. On physical examination, the left shoulder had significant guarding and tenderness, with abduction limited to 90 degrees. Examination of the cervical spine revealed decreased range of motion (ROM) due to significant guarding. Spurling's test was negative. Deep tendon reflexes (DTR) were as follows: biceps 2/4, left and right; triceps 2/4, left and right; and brachioradialis 2/4, left and right. Examination of the lumbar spine showed a decrease in ROM due to guarding. An MRI of the cervical spine, done on December 30, 2013, showed mild multilevel disc osteophyte with mild narrowing of the central canal, C4-C5 and C5-C6, and mild narrowing of the right C5-C5 neural foramina. An x-ray of the cervical spine done on December 19, 2013 showed a normal cervical spine with minimal degenerative change. An x-ray of the left knee, done on December 19, 2013, showed very slight joint narrowing at the medial compartment. An x-ray of the right knee done on December 19, 2013 showed mild degenerative osteoarthritis. An x-ray of the lumbosacral spine, done on December 19, 2013, showed mild degenerative disc change. Treatment to date has included naproxen, Valium, Tylenol, Lipitor, Aspirin, Norvasc, a home exercise program, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH SUPPLY OF NAPROSYN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67.

Decision rationale: As stated on page 67 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. On the other hand, the Official Disability Guidelines state that NSAIDs are recommended for acute pain, acute low back pain, short-term pain relief of chronic low back pain, and short-term improvement of function with respect to chronic low back pain. There is no evidence of long-term effectiveness for pain or function. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. In this case, the patient was taking Naprosyn since December 17, 2013 with no noted functional improvement. Likewise, the prescription did not specifically indicate the dose, frequency and the number of quantity to be dispensed. As such, the request is not medically necessary.