

Case Number:	CM14-0116487		
Date Assigned:	09/23/2014	Date of Injury:	10/12/2013
Decision Date:	10/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old female, who reported an injury on 10/12/2013. The mechanism of injury involved repetitive activity. The current diagnoses include cervical spine sprain/strain with upper extremity radiculitis, left shoulder sprain, bilateral wrist tendinitis, bilateral carpal tunnel syndrome, and left wrist volar ganglion cyst. The injured worker was evaluated on 08/22/2014 with complaints of moderate to severe pain, numbness, and soreness. Previous conservative treatment is noted to include medication management. Physical examination revealed tenderness to palpation of the lumbar spine, positive straight leg raising, positive Kemp's testing, limited lumbar range of motion, tenderness to palpation of the bilateral wrist, positive Tinel's and Phalen's testing bilaterally, tenderness to palpation of the left shoulder, positive impingement test, positive Codman's test (positive drop arm test), and limited left shoulder range of motion. Treatment recommendations at that time included continuation of the current medication regimen of Norco, Fexmid, and Naproxen Sodium. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Anaprox 550mg #60 times 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. As per the documentation submitted, the injured worker has continuously utilized this medication since 03/2014. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. As such, the request for prospective usage of Anaprox 550mg #60 times 2 refills is not medically necessary.

Prospective usage of Fexmid 7.5mg #60 times 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. There is no documentation of palpable muscle spasm or spasticity upon physical examination. California MTUS Guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request for prospective usage of Fexmid 7.5mg #60 times 2 refills is not medically necessary.