

Case Number:	CM14-0127860		
Date Assigned:	08/15/2014	Date of Injury:	07/14/2012
Decision Date:	12/26/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2012. In a Utilization Review Report dated July 29, 2014, the claims administrator denied request for naproxen and Methoderm. The applicant's attorney subsequently appealed. In a July 17, 2014 progress note, the applicant reported ongoing complaints of bilateral wrist pain, numbness, tingling, and paresthesias, 3-6/10. The applicant stated that her pain was heightened toward the end of her work shift. The applicant was given diagnosis of bilateral carpal tunnel syndrome, herniation of lumbar intervertebral disk with radiculopathy, and right knee medial meniscal tear. Naproxen and Methoderm were renewed. It was stated that the applicant had benefitted from the same. It was noted that the applicant had demonstrated functional restoration in terms of her successful return to work, albeit with limitations in place. The applicant was also reporting subjective decrements in pain with ongoing medication usage, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The applicant has, it is further noted, demonstrated a favorable response to ongoing usage of Naproxen as evinced by the applicant's already-successful return to regular duty work and subjective reports of an appropriate diminution in pain scores with ongoing Naproxen usage. Continuing the same, on balance, was therefore indicated. Accordingly, the request was medically necessary.

Menthoderm topical cream 120ml x 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates such as Mentoderm are recommended in the treatment of chronic pain, as is present here. As with the request for naproxen, the applicant has demonstrated success with earlier treatment as evinced by successful return to work. The applicant's successful return to work, coupled with her reports of appropriate analgesia achieved as a result of ongoing Mentoderm usage, do make a compelling case for continuation of the same. Therefore, the request was medically necessary.