MAXIMUS Federal Services

Case Number:	CM14-0164350		
Date Assigned:	10/23/2014	Date of Injury:	09/20/2002
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 49 years old male with an injury date on 10/07/2002. Based on the 09/15/2014 progress report provided by [redacted], the diagnoses are: 1. Chronic pain syndrome 2. Cervical spondylosis without myelopathy 3. Paint in joint, shoulder region 4. Obesity, unspecified 5. Dietary surveillance and counseling 6. Diabetes mellitus without mention of complication type II or unspecified type; or stated as uncontrolled 7. Esophageal reflux, 8. Essential hypertension, benign 9. Other and unspecified hyperlipidemia. According to this report, the patient complains of left neck pain which radiates to the supra-scapular and scapular region. Range of motion of the neck and left shoulder is decreased due to pain. Pain is rated as a 10/10 at worse, 5/10 at least, and 7/10 or usual pain. Dysesthetic sensation is noted in the distribution of the left ulnar nerve distal to the left elbow. Physical exam reveals tenderness of the cervical facets and left thoracic paraspinal muscles. Decreased left shoulder range of motion with pain is noted. Moderately weakness and atrophy of the left upper extremity are noted. Patient's past treatment includes injection, physical therapy, surgery, psychotherapy, and radiofrequency lesioning. Patient "denies constipation. "Patient reports "current medication use is stable and adequate and providing good pain relief. "There were no other significant findings noted on this report. The utilization review denied the request on 09/26/2014. [redacted] is the requesting provider, and he provided treatment reports from 06/05/2014 to 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn (Naproxen) 375mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications (non-steroidal anti-inflammatory drugs) Page(s): 60, 61, 22, 67, 6.

Decision rationale: According to the 09/15/2014 report by [redacted] this patient presents with left neck pain which radiates to the supra-scapular and scapular region. The treater is prospective request for 1 prescription of Naprosyn (Naproxen) 375mg #60 with 3 refills.Ibuprofen The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. "Review of reports indicates that the patient has being taking Ibuprofen since 06/26/2014; it is unknown exactly when the patient initially started taking this medication. Patient sates "current medication use is stable and adequate and providing good pain relief." The requested Naprosyn appears reasonable and consistent with MTUS guidelines. Therefore, the Naprosyn (Naproxen) 375mg #60 with 3 refills is medically necessary and appropriate.

Colace 250mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 09/15/2014 report by [redacted] this patient presents with left neck pain which radiates to the supra-scapular and scapular region. The treater is prospective request for 1 prescription of Colace 250mg #90 with 3 refills. Patient's current medications are Pravastatin, Lisinopril, Loratadine, Metformin, pantoprazole, and Effexor. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. Review of reports does not indicate the treater will initiate opioid therapy or the patient is on opiate. Furthermore, the patient "denies constipation." The treater does not explain why he is asking for Colace. Therefore, the Colace 250mg #90 with 3 refills is not medically necessary and appropriate.