

Case Number:	CM14-0024182		
Date Assigned:	06/11/2014	Date of Injury:	09/10/2008
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

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 Louisiana. 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 39 year old female who was injured on 9/20/08 when she fell down a ladder, striking her right side. The patient underwent a right carpal tunnel syndrome release on 2/18/08. A progress report dated 1/7/14 reported that the patient complained of constant upper and low back pain, rated at 7/10. he complained of pain and numbness in both hands and elbows. She stated she has a side effect of nausea and dizziness with her medication. She has reportedly been getting better with greater than a 50% improvement with trigger point injections. She has sleeping difficulty due to pain and discomfort and she still remains depressed and anxious. Objective findings on exam revealed range of motion of the cervical spine is slightly restricted in all planes. The range of motion of the lumbar spine is moderately restricted in all planes. She had tenderness over the lateral aspect of the right wrist as well as medial epicondyle area. The upper back examination revealed multiple myofascial trigger points. Her sensation was decreased in all digits of bilateral hands as well as bilateral lower extremity up to the knee level. Her grip strength was decreased in the right hand and left hand with the right being greater than the left. Assessments include status post release of right carpal tunnel syndrome on 2/18/08, mild to moderate carpal tunnel syndrome, moderate to severe right ulnar nerve entrapment at the right elbow and moderate left ulnar nerve entrapment of the left elbow, mild to moderate bilateral radiculopathy, chronic myofascial pain syndrome, and chronic daily headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION FOR NAPROXEN 550MG, 1 TABLET BY MOUTH, THREE TIMES PER DAY, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: There is no documentation of significant pain reduction or functional restoration noted with continued use of this medication. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.